



Honors Student Organization at the University of Hawaii at Mānoa
 Sinclair Library, First Floor, 2425 Campus Road hso@hawaii.edu
 Honolulu, HI 96822 uhmhso.weebly.com

Member Information Form

Name: _____

Phone Number: (_____) _____ - _____

Email: _____@hawaii.edu

Major: _____ **Year in College:** _____

Expected graduation date: _____

Joined Honors Program: Fall/Spring _____

Current Residence (circle one): Dorms Manoa area Other (please specify area): _____

Would you be willing to drive members to events? (circle one) Yes No

Career Objective: _____

What do you expect out of your experience in HSO?

Rank the importance of these events to you (1= Most important, 3=Least important)

_____ Community Service _____ Socials _____ Professional Development

What is something (general or specific) that you would like to see be done by HSO?

Any other questions, comments, or concerns?
