

The Augustine Honors Collegium Transfer Student Application

Last Name:		
First Name: P	ne: Preferred First Name:	
Intended Major:In	tended Enrollment	Date:
ail Address: Phone:		
Address:		
City:	State:	Zip:
Previous College/University:		
Address:		
City:	State:	Zip:
GPA (4.0 scale) In major GPA (4.0 sca	ale)	
Supporting Documents: Please check the a documents.	ppropriate box(es) and submit the following
□ Check here if you have already submitted yo	our application to Bo	byce College.
□ Check here if you have already been accept	ed to Boyce College	е.
NB: Any documents listed below are in addition College.	n to the normal app	lication materials for Boyce

Resume of your activities and involvement in school, church, community, employment, and

other areas of personal interest.

- Academic Letter of Recommendation from a college professor who is familiar with your academic abilities and performance. [Letters can be mailed separately or emailed from a professional email address.]
- Writing Sample: In approximately 500 words, please respond to the purpose statement (listed below), identifying what you consider to be the role of "Christian scholars" and how you hope to benefit from and contribute to the honors collegium at Boyce.

The Augustine Honors Collegium exists to glorify God by purposefully equipping the next generation of Christian scholars to defend the historic, confessional, evangelical faith in the public square with compelling intellectual rigor, authentic cultural engagement, and Godhonoring excellence.



email: jarnold@sbts.edu

Please submit completed applications to:

The Augustine Honors Collegium Attn: Dr. Jonathan Arnold 2825 Lexington Road Louisville, KY 40280

Any questions can be directed to the director of the program: Dr. Jonathan Arnold jarnold@sbts.edu
502.897.4097