APPLICATION FOR GRADUATION WITH HONORS RESEARCH DISTINCTION

PLEASE TYPE OR PRINT IN BLACK INK

Date: ___________________

A. INTENDED GRADUATION DESIGNATION (check one):

_____ With honors research distinction in ______________________________ (insert the major field).
This designation is awarded for the successful completion and defense of an undergraduate thesis
in the major field, along with the completion of an honors contract curriculum.

_____ With honors research distinction. This designation is awarded for the successful completion and
defense of an undergraduate thesis outside the major field, along with the completion of an
honors contract curriculum.

B. HONORS CONTRACT VERIFICATION

You MUST have an approved honors contract on file with the ASC Honors Office in order to be
considered for graduation with honors research distinction. By initialing here _______, you are
verifying that you do have an approved honors contract.

C. CANDIDACY INFORMATION

Name: __________________________________________ OSU E-mail: ___________________

Major(s): ________________________________________________________________

Field of distinction (major or other discipline): ____________________________________

Expected term and year of graduation: _______________________________________

Expected term of thesis defense: _____________________________________________

Cumulative grade-point average (GPA) on all work done at OSU: ___________________

Cumulative GPA in all courses taken for the major (only if thesis is in the major): _________

Proposed Topic/Tentative Title: ________________________________________________

_________________________________________________________________________

Project Advisor(s): ___________________________ Department: ___________________

_________________________________________________________________________

Major Advisor(s): ___________________________ Department: ___________________

_________________________________________________________________________
D. PROPOSED RESEARCH CREDIT HOURS

I have completed, or intend to complete, the following special course work for my research (minimum of 4 hours of 4999H or equivalent combination designated by your department for thesis research):

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<th>Courses (Department, number, and title)</th>
<th>Hours</th>
<th>Term</th>
<th>Year</th>
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Total Thesis Research Credit Hours _____

E. INFORMATION PERTAINING TO THE MAJOR

If you are pursuing graduation with honors research distinction in [the major field], please be aware of the following:

- The Major Program Form in your Honors Contract MUST be accurate and up-to-date. You should attach a revision form signed by your major advisor to this application if the major needs to be updated.
- If your major department offers an honors version of the major, you must complete the honors major in order to graduate with honors research distinction in [the major field]. Please consult early with the departmental honors advisor about the major program.

F. ORAL DEFENSE PAPERWORK

Paperwork relating to your defense committee and your oral defense is sent to you and your project advisor at the beginning of the term you have indicated you intend to complete the oral defense. You will receive the Defense Committee Proposal form and the Certification for Graduation with Honors Research Distinction form, along with instructions for the oral defense, via email from the ASC Honors Office. If you are defending your thesis before your term of graduation, you should be sure to note this on the previous page. **If you find that it is necessary to change the term in which your defense or graduation takes place, you must notify the ASC Honors Office immediately.**

G. DESCRIPTION OF THE UNDERGRADUATE THESIS PROJECT

Be sure to attach to this application a brief description or outline of your project (maximum of 500 words), including an indication of the significance of your inquiry and its relation to larger issues in the discipline.
H. REQUIRED SIGNATURES

First Project Advisor (please print) ____________________________________________

Campus Address __________________________________________ Email __________

________________________________________ Telephone __________

Signature of first project advisor _______________________________ Date __________


Second Project Advisor—if applicable (please print) ____________________________

Campus Address __________________________________________ Email __________

________________________________________ Telephone __________

Signature of second project advisor _______________________________ Date __________


Departmental Co-signer—if applicable (please print) ____________________________
(Required if project advisor is affiliated with a college outside ASC or with a department outside the department of distinction. Required for ALL Neuroscience majors.)

Campus Address __________________________________________ Email __________

________________________________________ Telephone __________

Signature of co-signer _______________________________ Date __________


Student signature __________________________________________ Email __________

Address __________________________________________ Telephone __________

________________________________________ Date __________


ASC Honors Committee Approval _______________________________ Date __________


Rev 8/22/14