

COLLEGE OF ARTS AND SCIENCES  
HONORS PROGRAM  
3180 Smith Laboratory  
174 West 18<sup>th</sup> Avenue

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: \_\_\_\_\_

\_\_\_\_\_ Department: \_\_\_\_\_

Major Advisor(s): \_\_\_\_\_ Department: \_\_\_\_\_

\_\_\_\_\_ 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):

Courses (Department, number, and title)	Hours	Term	Year	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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 \_\_\_\_\_

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**Second Project Advisor**—if applicable (please print) \_\_\_\_\_

Campus Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

**Signature** of second project advisor \_\_\_\_\_ Date \_\_\_\_\_

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**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 \_\_\_\_\_

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**Student signature** \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

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**ASC Honors Committee Approval** \_\_\_\_\_ Date \_\_\_\_\_