



NOTE: This form is not an application for graduation. Please see your assigned academic advisor to apply for graduation.

THESIS APPLICATION for Research Distinction

RETURN TO: Ed Quinn
quinn.142@osu.edu

ALL PARTS OF THIS APPLICATION MUST BE COMPLETED, INCLUDING:

- | | |
|---|--|
| <input type="checkbox"/> Intended Type of Distinction | <input type="checkbox"/> Major Program Information (if research is in the major field) |
| <input type="checkbox"/> Candidacy Information | <input type="checkbox"/> Description of the Thesis Project |
| <input type="checkbox"/> Proposed Research Terms | <input type="checkbox"/> Required Signature |

PLEASE TYPE OR PRINT IN BLACK INK

A. Intended Type of Distinction (check one):

_____ With Research Distinction in _____ (insert the major field).
This distinction is awarded for the successful completion and defense of a thesis in the major field.

_____ With Research Distinction. This distinction is awarded for the successful completion and defense of a thesis outside the major field.

B. Candidacy Information

Name: _____ Ohio State email: _____

Major(s): _____

Field of distinction (major or other discipline): _____

Expected term and year of graduation: _____

(Please note if you plan to defend the thesis before your final semester.)

Hours of course work completed toward the undergraduate degree/Ohio State graded hours: _____ / _____

(Note: 60 graded hours at Ohio State are required upon graduation.)

Cumulative grade-point average (GPA) at Ohio State: _____

(Note: a 3.0 cumulative GPA is required.)

Major GPA in all courses taken at Ohio State (if field of distinction is in major): _____

Proposed Topic/Title: _____

Project Advisor(s): _____ Department: _____

(include name.#)

_____ Department: _____

Major Advisor(s): _____ Department: _____

(include name.#)

_____ Department: _____

C. PROPOSED RESEARCH SEMESTERS

I have completed, or intend to complete, the following special course work for my research (minimum of 4 hours of 4999 or 4998 or equivalent combination designated by your department):

Course (Department, number, and title)	Hours	Term	Year	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Thesis Research Hours: _____

D. ORAL EXAMINATION PAPERWORK

The oral examination paperwork is sent to you and your project advisor the term you have indicated you intend to complete the oral exam. You may defend your thesis earlier than your graduation term, but you must notify Ed Quinn (quinn.142@osu.edu, 614-292-6961), so that the paperwork can be sent the appropriate term.

F. REQUIRED SIGNATURES

First Project Advisor (please print): _____

Campus Address: _____ E-mail: _____

Telephone: _____

Signature of first project advisor: _____ Date: _____

Second Project Advisor—if applicable (please print): _____

Campus Address: _____ E-mail: _____

Telephone: _____

Signature of second project advisor: _____ Date: _____

Co-signer—if applicable (please print)

(Some departments require the signature of the chairperson or designated honors advisor.)

Campus Address: _____ E-mail: _____

Telephone: _____

Signature of co-signer: _____ Date: _____

Student signature: _____ Ohio State email: _____

Address: _____ Telephone: _____

Date: _____

*Arts and Sciences Approval: _____ Date: _____

***Return form to Ed Quinn for Arts and Sciences Approval (quinn.142@osu.edu)**