

**APPLICATION TO GRADUATE WITH DISTINCTION 2008-09**

**SCHOOL OF ALLIED MEDICAL PROFESSIONS  
THE OHIO STATE UNIVERSITY**

() Graduation with Distinction  
() Undergraduate Research Scholarship

Date \_\_\_\_\_

Name: \_\_\_\_\_ Major: \_\_\_\_\_

GPA \_\_\_\_\_ (must be 3.2) Quarters completed \_\_\_\_\_ GPA in SAMP: \_\_\_\_\_ (must be 3.5)

Expected quarter of graduation: (circle one) Au Wi Sp Su year: 20\_\_\_\_

Project advisor: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Advisory Comm. Member: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

TITLE OF PROJECT: \_\_\_\_\_

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If applying for Research Scholarship, are you receiving any other scholarship award? Yes \_\_\_\_ No \_\_\_\_ If yes, please list awards and amount per quarter you are receiving. \_\_\_\_\_

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(Use back if necessary)

Necessary Attachments:

1. Copy of **unofficial academic record** (advising report). This is available from the Student Affairs Office.
2. **Research Proposal** describing proposed project including problem statement, objectives, methods and procedures, resources available, etc.
3. **Recommendation of Research Project Advisor** form is required.

Student signature: \_\_\_\_\_ E-mail: \_\_\_\_\_

Advisor's signature: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Chairperson, Honors and Research Committee