



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  
 245G Sullivant Hall

ALL PARTS OF THIS APPLICATION MUST BE COMPLETED, INCLUDING:

- Intended Type of Distinction
- Candidacy Information
- Proposed Research Terms
- Major Program Information (if research is in the major field)
- Description of the Thesis Project
- Required Signatures

PLEASE TYPE OR PRINT IN BLACK INK Date:

**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: \_\_\_\_\_

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

Cumulative grade-point average (GPA) on all work done at Ohio State: \_\_\_\_\_

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. MAJOR PROGRAM INFORMATION**

If your research is in your major field, you must have an accurate Major Program Form on file in the Arts and Sciences Advising Office. Please indicate how your major is being listed. (Check 1 or 2 below.)

- \_\_\_\_\_ 1. I am submitting the attached MAJOR PROGRAM FORM, approved and signed by the departmental advisor, as a complete listing of the courses in my major.
- \_\_\_\_\_ 2. I have an approved Personalized Study Program which includes a complete list of the courses in my interdisciplinary major (very rare).

Either of the options stated above for filing the major may be used. However, the major must be, at minimum, a full 30-hour major excluding any credit hours received for the research and thesis project (783H or 4999). If the major contains fewer than 30 hours, the project advisor must explain, in an attached statement, in what alternate way the student has achieved breadth in the major in order to warrant graduation with research distinction in [the major field].

**E. 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](mailto:quinn.142@osu.edu), 614-292-6961), so that the paperwork can be sent the appropriate term.

**F. DESCRIPTION OF THE THESIS PROJECT**

Attach 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.

Proposed Title: \_\_\_\_\_

\_\_\_\_\_

**G. REQUIRED SIGNATURES**

First Project Advisor (please print): \_\_\_\_\_

Campus Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_  
Telephone: \_\_\_\_\_

Signature of first project advisor: \_\_\_\_\_ Date: \_\_\_\_\_

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

Campus Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_  
Telephone: \_\_\_\_\_

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

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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: \_\_\_\_\_

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Student signature: \_\_\_\_\_ Ohio State email: \_\_\_\_\_

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

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

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Arts and Sciences Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_