



GRADUATION APPLICATION

Application to Graduate – Bachelor of Science in Pharmaceutical Sciences

DIRECTIONS:

This form should be completed and returned to the Student Affairs Office (Parks Hall, Rm. 150) one year prior to your anticipated term of graduation. The receipt of this document will elicit an evaluation of your records, and if all requirements are satisfied, the initiation of the necessary University paperwork for you to graduate.

Prior to graduation, please make sure to complete exit surveys (if you have financial aid) and take care of any account holds (library, traffic and parking, fees and deposits, etc.) or you will not receive your diploma.

If you are not planning to walk in the Commencement ceremony, please fill out a Commencement Excuse Form and turn it in to the Office of Student Affairs.

PART I: General Information

Student's Name: _____
(First) (Middle) (Last)

OSU Student ID Number: _____

OSU E-mail Address (name.#@osu.edu or buckeyemail): _____

Current Phone Number: _____

Hometown: (This location will be listed in the graduation program):

City State/Country

Expected Term and Year of Graduation: _____
Term Year

Minor Programs Completed: _____

Dual Degree or Second Major: _____

PART II: Honors and/or Distinction Status

Are you in the Honors Program? Yes _____ No _____

- If yes, please list the 6 required Honors courses you have completed:

1.	4.
2.	5.
3.	6.
- I am planning to graduate with Honors and Distinction (for research – Thesis Option)

Research Advisor: _____

- I am planning to graduate with Honors (*Non-Thesis Option*)
Please list non-thesis options completed or in progress:

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****For Thesis and Non-Thesis Options, ALL documentation NEEDS to be received by the Office of Student Affairs NO LATER THAN two weeks prior to graduation****

- I am not an honors student, but am planning to graduate With Distinction
(non-honors students with at least a 3.0 cumulative GPA, thesis is required)

Research Advisor: _____

PART III: Remaining Coursework

Please list all classes that you plan to complete during the year prior to your intended graduation date. Please notify the Office of Student Affairs of any changes in these plans, as such changes may adversely affect your eligibility to graduate.

TWO TERMS PRIOR TO GRADUATION: _____
Term/Year

Total Hours Proposed: _____

TERM OF GRADUATION: _____
Term/Year

Total Hours Proposed: _____

TERM PRIOR TO GRADUATION: _____
Term/Year

Total Hours Proposed: _____

Student Comments:

Student Signature: _____
(Signature) (Date)

Office Use Only: Approved Not Approved Approved, pending: _____