



**THE OHIO STATE
UNIVERSITY**
COLLEGE OF PHARMACY

BSPS Research Distinction Completion Form

Student Name.#: _____

Student ID: _____

Project Title: _____

Name of Faculty Mentor: _____

Faculty Mentor title: _____

Faculty Mentor College/Department: _____

Faculty Mentor Contact email/phone: _____

The following must be completed *prior* to submitting this form:

- Completed and approved *BSPS Research Distinction Initiation Form*
- Completion of PHR 4998 or 4999 for 4-6 credit hours over at least 2 semesters
- Submit your research project to the OSU Knowledge Bank (kb.osu.edu)

Please include the following with this form:

- Final Project Report: Including list of learning goals accomplished
- Confirmation of participation in Honors Project Day Forum or Denman Undergraduate Research Forum or another approved program
- Please initial here if you are also a member of the BSPS Honors Program _____

(Student Signature)

(Date)

(Faculty Mentor Signature)

(Date)

Please return this form to your assigned academic advisor