

COLLEGE OF EDUCATION
APPLICATION FOR GRADUATION WITH DISTINCTION
(Return to Student & Alumni Services Office)

Date: _____

Name: _____ Last 4 digits of SSN: _____

Local Address _____

Local Phone: _____ Email: _____

Major: _____ Area of Distinction: _____

GPA: _____ & Total Cr Hr _____ as of : _____
quarter year

Projected date of graduation: _____
quarter year

Plan of Study: Attach a course plan of study for the period of the project *and* an advising transcript.

Title of Project: _____

Abstract: Submit a brief description or outline of your proposed project. Include a timetable and objectives for each quarter that you will register for H599 or 693 hours.

Project Advisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Approved: _____ Date: _____

Honors Director

Office use:

Total Hrs: _____ CGPA: _____ Staff initials _____

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- Research Proposal Evaluation Form
 - Office of Research Risks Protocol (# _____)
 - Student Interim Report
 - Project Advisor Interim Report
 - Oral Examination
 - Thesis Submitted