

Honors Capstone Project Application

Instructions to Student

Complete all parts of this application (including signatures) and submit to your College of Public Health academic advisor who will forward the application to the Honors Committee for review.

A. Student Information

Student Name (Last, First):		
Name.#:		
OSU ID#:		
Major:		
Expected Term/Year of Graduation:		
Field of Distinction: (Public Health or other discipline)		
Hours of coursework completed towards undergraduate degree (OSU graded hours):		
Cumulative GPA in all OSU coursework:		
Date this application submitted:		

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B. Description of the Honors Capstone Project

 i. Which of the following will this project involve? Honors Internship Honors Field Experience (Study Abroad) Honors Research Thesis 				
 ii. Attach a brief description or outline of your Honors Capstone project (maximum of 500 words). Include the following: The key goals of the project (Project Objectives) Why the project is an important one to undertake (Project Rationale) What you expect will be the 'results' produced by the project (Project Outcomes) An overview of how you propose to accomplish the project (Project Methods) The proposed time frame for accomplishing this project (Project Time Frame) C. Required Coursework 				
I have completed or intend to complete the following coursework for my capstone project:				
Course	Hours	Term/Year		
Capstone prep : PUBHLTH 3180E	1			
Capstone course*:				
*Specify PUBHLTH 3191E, 3189XX.E, or 4999.01H				
D. Intended Graduation Honor				
 Honors Honors Research Distinction in Public Health Honors Research Distinction (thesis outside of Public Health) 				
E. Honors Contract Information				
All Public Health honors students must have an approved Honors Contract on file in the College of Public Health prior to starting their capstone projects.				
Have you already submitted (and had approved) an Honors Contract which includes a complete listing of the courses for your degree?				
□ Yes □ No				

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F. Proposed Date of Oral Exam	mination	
Planned Term/Year of Oral Ex	amination:	
indicated you intend to comp graduation term. You must n	lete the oral exam. You ma otify the Office of Academic	ur project advisor the term you have y defend your thesis earlier than your Programs and Student Services (614- that paperwork can be sent in the
G. Required Signatures		
Student Signature:	Date:	
Faculty Advisor Information		
Name (please print):		
Campus Address:		
Email:		Telephone:
Signature:		Date:
Second Committee Member Name (please print):	•	
Campus Address:		
Email:		Telephone:
Signature:		Date:
Internal use only:		
Public Health Honors Commit	tee Approval	
Sign:		Date:
Return this form to OAPSS, 1	00 Cunz Hall for official proc	essing and posting
OAPSS: notified student	filed in student file	noted in advising connect

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