

**School of Applied Health Sciences and Wellness  
College of Health Sciences and Professions  
Ohio University**

**HONORS PROGRAM APPLICATION FORM**

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

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Local Address: \_\_\_\_\_

\_\_\_\_\_

Permanent Phone Number: \_\_\_\_\_ Local Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Major(s): \_\_\_\_\_ G.P.A.: \_\_\_\_\_

Academic Adviser(s): \_\_\_\_\_

Proposed Honors Project Advisor: \_\_\_\_\_

Semester hours completed: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

**Course Plan**

List when you expect to complete the honors coursework and all additional courses you plan to complete beyond the requirements for your major (excluding Tier III coursework).

Courses:	Semester/Year	Credits
NUTR/ASHW 4902H Honors Seminar		
NUTR/ASHW 4945H Honors Readings		
NUTR/ASHW 4946H Honors Practicum		
NUTR/ASHW 4947H Honors Thesis		
Research Methods (3000, 4000, or grad level):		

*\*NUTR or AHSW prefix may be used by all majors.*

**Description of Potential Honors Projects:** Please provide a brief description of your honors project. A few sentences are typically sufficient. *(Appreciate that your acceptance into this program is highly dependent on faculty support of your project; thus, you are required to talk to faculty about their project ideas **before** applying to this program. The admissions committee will evaluate this brief description to make sure that it seems feasible and aligns with the advisor's scholarly focus.)*

Funding: What type of funding is needed to complete your proposed project? If funding is required, please include a separate page of itemized expenses.

None needed \_\_\_\_\_; Budget attached \_\_\_\_\_.

**DISCLAIMERS:**

Funding - Each student is ultimately responsible for the costs required to complete the project; thus, funding for the project needs to be carefully considered by the applicant.

Acceptance – Acceptance to the program is not solely based on GPA. Quality of application, letter of recommendation, and willingness of faculty to sponsor project will all be considered when evaluating applicants.

**Honor Student Applicant:**

\_\_\_\_\_ Date \_\_\_\_\_  
(Signature) (Print)

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**Received by Honors Program Coordinator:**

\_\_\_\_\_ Date \_\_\_\_\_  
(Signature) (Print)