

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

HONORS PROGRAM APPROVAL FORM

Student Name: _____

Date: _____

Date/Place/Title of Poster Presentation:

List and Date Additional Outcomes Submitted (refer to Honors Contract):

Exact Thesis, Project, or Paper Title:

Attach an Abstract of Thesis, Project, Poster or Paper to this form.

Committee Chair:

Name (Print)

Signature

Date

Honors Program Coordinator:

Name (Print)

Signature

Date