

The Ohio State University
College of Pharmacy

**APPLICATION TO GRADUATE
BACHELOR OF SCIENCE IN PHARMACEUTICAL SCIENCES**

Directions: This form should be completed, signed, and returned to the Student Affairs Office (Room 150 Parks Hall) at least two quarters prior to your anticipated graduation date. The receipt of this document will elicit an evaluation of your records, and if all requirements are satisfied, the initiation of the necessary University paperwork for you to graduate.

PART I: GENERAL INFORMATION (please print)

Student's Name: _____

(Your name will appear on your diploma and in the graduation program exactly as it appears on your grade reports and scheduling information. If you wish to change how your name appears on your diploma and in the graduation program, please submit an OSU Name/Correction Notice to the Student Affairs Office, room 150.)

OSU E-mail (name.#): _____

Local Address: _____
Number and Street

City State Zip Code

Local Phone: _____

Home Town: _____
City State/Country

(This location will be listed in the graduation program.)

Expected Quarter and Year of Graduation: _____
Quarter Year

Minor Programs Completed: _____

Are you in the Honors Program? Yes _____ No _____

I am planning to graduate _____ w/Distinction

_____ w/Honors and Distinction

Research Advisor: _____

For Office Use Only:

_____ Approved _____ Not Approved _____ Approved/Pending _____

PART II: REMAINING COURSEWORK. Please list all classes you plan to complete during the three quarters prior to graduation. *Please notify the Office of Student Affairs of any changes in these schedules, as such changes may adversely affect your eligibility to graduate.*

CURRENT QUARTER

Quarter/Year

Total Hours Proposed: _____

QUARTER PRIOR TO GRADUATION

Quarter/Year

Total Hours Proposed: _____

QUARTER OF GRADUATION

Quarter/Year

Total Hours Proposed: _____

STUDENT COMMENTS:

Student Signature: _____ **Date:** _____

For Office Use Only:
____ Approved ____ Not Approved ____ Approved/Pending _____

**The Ohio State University
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**RECORD OF EXTRA-CURRICULAR ACTIVITIES
For Bachelor of Science in Pharmaceutical Sciences**

NAME _____ DATE _____

A. ACTIVITIES IN THE COLLEGE OF PHARMACY: (Please list below any activities or organizations you participated in that were specifically associated with the College of Pharmacy.)

Name of Organization or Activity	# of Years of Membership	Title	Offices Held Calendar Year(s)
Pre-Pharmacy Club			
Pharmacy Council			
Student National Pharmaceutical Association			
Academy of Students of Pharmacy			
Other (please specify)			
Other (please specify)			

B. SPECIAL COLLEGE OF PHARMACY COMMITTEES OR ACTIVITIES:

Activity	Calendar Year(s) of Participation	Description
Pharmacy Day Open House Program		
Undergraduate Research		
BSPS Honors Program		
Student Tutor		
College Committee Member (specify committee)		
Other(s) (specify)		

For Office Use Only:

____ Approved ____ Not Approved ____ Approved/Pending _____

C. UNIVERSITY ACTIVITIES OR ORGANIZATIONS

Activity	Calendar Year(s) of Participation
OSU Athletic Team Member or Manager (specify)	
Marching Band or other University Band	
Undergraduate Student Government	
Honorary Organizations (specify)	
University Committees (specify)	
Recognized Student Organizations (Chess Club, Ski Club, Political Organizations, etc.) (specify)	
Other(s) (specify)	

For Office Use Only:			
___ Approved	___ Not Approved	___ Approved/Pending	_____