



**GRADUATE RESEARCH COMPETITION  
INFORMATION FORM**

Name: (Last, First, Middle)

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Street Address

City, State, Zip

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Telephone Number (include area code)

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E-Mail

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Current Major

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Cumulative Point-Hour Ratio

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Advisor's Name

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Advisor's Department

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List other sources of financial assistance (scholarships, grants, assistantships, part-time jobs) you will have during Summer Quarter. Be specific and furnish complete information.

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Student Signature

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Advisor's Signature

*This signature certifies that the Advisor agrees to work with the above student and provide the facilities and equipment and any other resources outlined in the proposal.*

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Departmental Graduate Studies Chair  
Signature

*This signature certifies that the above student is in good standing with the graduate school.*

**A fully signed information form must be e-mailed to**

**[seeds@osu.edu](mailto:seeds@osu.edu)**

**in PDF format by the deadline date and time.**