Recommendation Form for Academic Distinctions at Graduation

THIS form should be submitted as a pdf with your research paper on the Honors Research site in Canvas.

**Click here to enter a date.**

**Memorandum**

To: (**Department Chair or Assistant Dean for a distance education campus**)

From: (RESEARCH **supervisor**)

Subject: Approval of Honors Thesis

Based on the academic record of (**Name of Student**) in the Doctor of Pharmacy degree program and successful completion of a honors theses, I recommend that the appropriate academic honor, magna cum laude or summa cum laude, be awarded to this student upon graduation from the University of Florida College of Pharmacy.

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**Printed Name of Faculty Supervisor** **Date**

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**Signature of Faculty Supervisor**

[ ]  By checking this box I have confirmed that (**Name of Student**) presented their project orally or in poster format with the student being in attendance to answer questions to their peers or at a local, state, national or international conference.

**Department Chair or Assistant Dean of Distance Campus:**

[ ]  I concur with this recommendation by the faculty supervisor of this student’s

 honors thesis.

[ ]  I do not concur with this recommendation by the faculty supervisor of this

 student’s honors thesis.

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**Signature of Department Chair Date**

**or Assistant Dean of a Distance Education Campus**