

Buffalo State – State University of New York
Individual Graduate Study Application



Directions:

1. Student to complete Parts A and B.
2. Confirm eligibility with advisor and obtain signatures of Instructor and Chairperson.
3. If other than Course by Contract, attach a one-paragraph description of your proposed course including purpose, specific objectives, course outcomes (e.g., research paper) and how it will be evaluated for graduate credit.
4. Return the completed and approved application and paragraph description to the appropriate School Dean by the Individual Study Application deadline. See academic calendar - <http://www.buffalostate.edu/academiccalendar.xml>
Retain a copy for your records.
5. **Payment:** If registration for course occurs after deadline and is not included on your bill, contact Student Accounts for payment information. Failure to do so may result in late fees being assessed.

PART A

Semester and year registering: Fall Spring Summer I II A B C 200__ Major _____

Name _____ Banner ID# _____
Last First Middle

Local Address _____
Street City State Zip Code

Telephone Number _____ E-mail Address _____

Student Signature _____ Date _____

PART B (Check desired Individual Study option)

Independent Study _____ 590 _____
Department Prefix Credit Hours
Course Title _____
Not to exceed 15 characters. Do not list Independent Study as a title.

Master's Project _____ 690 _____
Department Prefix Credit Hours
Course Title _____
Not to exceed 15 characters. Do not list Master's Project as a title.

Master's Thesis _____ _____
Department Prefix #695 or 795 Credit Hours
Course Title MASTER'S THESIS

Course by Contract _____ _____
Department Prefix Catalog # Credit Hours
Course Title _____
Use actual course title from Catalog

PART C Instructor Must Have Current Graduate Faculty Status - <http://www.buffalostate.edu/graduateschool/faculty/>

Instructor Name (print) _____ Signature & Date _____

Department Chairperson Signature & Date _____

PART D Approved by the Dean of School (Check One: AH _____ Education _____ NSS _____ Professions _____)

Signature & Date _____