



BUFFALO STATE
The State University of New York

SUNY Buffalo State
Registrar's Office, Moot Hall 210
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Buffalo, NY 14222
Phone: 716-878-4811
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Combined Pathway Approval Form

STUDENT NAME _____ BANNER ID _____

UG Major: _____ GR Pathway: _____

STUDENT SIGNATURE _____ DATE: _____

***** By signing, this student acknowledges that, should they leave the Combined Pathway, these Graduate level courses will be removed from their Undergraduate GPA.*****

DEPARTMENTAL APPROVAL/ CONFIRMATION

The above student will be participating in the indicated Combined Pathway program:

Confirmed by:

Departmental Chair, Name Departmental Chair, Signature Date

Dean, Name Dean, Signature Date

Please register the student for the following C.P. courses for the _____ term (this form must be completed each semester the undergraduate student is in the combined program):

Subject and Course Number (ex. CRJ 512) CRN

*****Email this completed form to REGOFC*****

*****The Office of Registrar will register this student in these courses only. The student will need to register themselves in any other courses they need for the semester.*****

OFFICE OF THE REGISTRAR ACTION

"PTHY" Attribute added to Student Record Requested courses added to Student Registrations

Registrar's Office, Date