Registrar's Office, Moot Hall 210

BUFFALO STATE
The State University of New York

UNDERGRADUATE PROJECT

return completed form to
regofc@buffalostate.edu

STUDENT INFORMATION

Student Name   Banner ID   Phone   Email

Student Signature   Date   Current Total Credit Hours Registered already

COURSE INFORMATION

Subject   Course Number   Credit Hours (1-3)   Year   Term

Descriptive Title (Max 30 Characters which includes spaces- do not use "Project")

INSTRUCTOR INFORMATION

Instructor Name   **Banner ID**

Instructor Signature   **Date**

CHAIR INFORMATION : ALL CHECKBOXES ARE MANDATORY OR FORM WILL BE RETURNED

Related to a required course

Chair Name

    Student has 60 hours completed

Chair Signature

    Student has taken no more than 6 hours in all areas of 295/495

    Student is an active student eligible to register (SGASTDN)

Date

    The addition of this course does not cause the student to exceed the maximum credits allowable for the semester (SFAREGS)

    Student has an overall GPA of 2.0 or higher (SHATERM)

Description of Project and how it's going to be evaluated

(SGASTDN)   OFFICE USE ONLY

CRN