SUNY Buffalo State
Registrar's Office, Moot Hall 210
1300 Elmwood Avenue
Buffalo, NY 14222
Phone: 716-878-4811
Fax: 716-878-3419
regofc@buffalostate.edu

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

Revised 8/14/2023 SH