Registrar's Office, Moot Hall 210

Student Name



UNDERGRADUATE

Phone

return completed form to regofc@buffalostate.edu

Email

STUDENT INFORMATION

Banner ID

Student Signature		Date	Current Total Credit Hours Projectored alre
	COLID		Current Total Credit Hours Registered alre
	COUR	SE INFORMA	HON
Subject (EX:CIS) Course Number	Credit Hours (1-3)	Year	Term
Descriptive Title (Max 30 Charac	ters which includes sp	oaces- do not u	se "Project")
	INSTRUCT	OR INFORM	ATION
Instructor Name	Banner ID		
Instructor Signature	Date		
CHAIR INFORMATION : Al	L CHECKBOXES A	RE MANDATO	ORY OR FORM WILL BE RETURNED
		Related to a re	quired course
Chair Name		Student has 60	hours completed (*required only if project is a 495)
Chair Signature		Student has ta	ken no more than 6 hours in all areas of 295/495
		Student is an a	ctive student eligible to register (SGASTDN)
Date			f this course does not cause the student to exceed the its 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 ON	ILY	D. t. latatace OII
CRN			Revised 9/10/2024 SH