Registrar's Office, Moot Hall 210

BUFFALO STATE
The State University of New York

UNDERGRADUATE SPECIAL PROJECT

return completed form to regofc@buffalostate.edu

STUDENT INFORMATION

Student Name | Banner ID | Phone | Email

Student Signature | Date | Total credit hours in progress this semester (0)

COURSE INFORMATION

Subject (EX:CIS) | Course Number (495) | Credit Hours (1-3) | Year (Year) | Term (Fall)

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

Chair Name

Chair Signature

Date

- ☐ Related to a required course
- ☐ Student has 60 hours completed (*required only if project is a 495)
- ☐ Student has taken no more than 6 hours in all areas of 295/495
- ☐ Student is an active student eligible to register (SGASTDN)
- ☐ 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

Revised 9/10/2024 SH

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