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

COURSE INFORMATION

Subject (EX:CIS) 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 (*required only if project is a 495)**

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