## Buffalo State – State University of New York

## Individual Graduate Study Application

**Directions:**

1. Student to complete Parts A and B.
2. Confirm eligibility with advisor and obtain signatures of Instructor and Chairperson (Part C).
3. Return the completed and approved application and paragraph description to the appropriate School Dean of registered course by the Individual Study Application deadline. See academic calendar:

<http://suny.buffalostate.edu/academic-calendar>. Retain a copy for your records.

1. Payment: If registration for course occurs after deadline and is not included on your bill, contact Student Accounts for payment information. Failure to do so may result in late fees being assessed.

**Part A:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Semester/year:** | | | Fall | | J-term | | Spring | | Summer ES, LS, VS  ***(circle session)*** | | | | | 20 | | | **Major:** | |  | |
| **Name:** |  | | | | |  | | | | |  | | **Banner:** | | | |  | | | |
|  | *Last* | | | | | *First* | | | | | *Middle* | |  | | | |  | | | |
| **Local Address:** | |  | | | | | | | |  | | | | |  | | | | |  |
|  | | *Street* | | | | | | | | *City* | | | | | *State* | | | | | *Zip* |
| **Phone Number:** | | |  | | | | | **Email Address:** | | | |  | | | | | | | | |
| **Student Signature:** | | | |  | | | | | | | | | | | | **Date:** | |  | | |

**Part B:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Independent Study\*** | |  | | 590 | |  | |  | |
| \*see below | | *Department Prefix* | | | | *Credit Hours* | | *Course Title* | |
| MODALITY: | Hybrid | | Hybrid-Plus | | Online Asynchronous | | Online Synchronous | | Traditional |
| **Master’s Project\*** | |  | | 690 | |  | |  | |
| \*see below | | *Department Prefix* | | | | *Credit Hours* | | *Course Title* | |
| **Master’s Thesis\*** | |  | | 695 or 795 | |  | |  | |
| \*see below | | *Department Prefix* | | ***(circle 695/795)*** | | *Credit Hours* | | *Course Title* | |
| **Course by Contract** | |  | |  | |  | |  | |
|  | | *Department Prefix* | | *Catalog ###* | | *Credit Hours* | | *Course Title* | |

***\*Student MUST attach a one-paragraph description of the proposed course including purpose, specific objectives, course outcomes (e.g. research paper) and how it will be evaluated.***

**Part C:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | B |
| *Instructor’s Name* | *Instructor’s Signature* | *Date* | *Inst. Banner #* |
|  |  |  | |
| *Department Chair’s Name* | *Chair’s Signature* | *Date* | |
|  |  |  | |
| *Academic Dean’s Name* | *Dean’s Signature* | *Date* | |