

State University of New York at Buffalo
SCHOOL OF MANAGEMENT

<input type="checkbox"/>	MBA
<input type="checkbox"/>	PhD
<input type="checkbox"/>	MS

GRADUATE PROGRAMS IN MANAGEMENT

REQUEST FOR AUTHORIZATION TO REGISTER FOR SUPERVISED
RESEARCH 647

Fall Spring Summer I Summer III Year

Date Submitted

Person No.

First Name

Last Name

E-mail:

Home/Work Phone No.

SUPERVISED RESEARCH 647: Title of project or problem to be solved:

Method of approach:

Number of credit hours requested (maximum of 6 hours):

Total number of credit hours to be carried during semester:

Please Check Appropriate Department: Accounting Finance

Management Science & Systems Managerial Economics Marketing

Operations Management and Strategy Organizational Behavior

FACULTY MEMBER APPROVAL **Print** _____ Date

FACULTY MEMBER APPROVAL **Signature** _____ Date

DEPARTMENT CHAIR APPROVAL **Signature** _____ Date

Registration/Section No. (will be assigned by GPO) _____ Date

PLEASE NOTE: THIS FORM IS TO BE COMPLETED AND SIGNED BY BOTH THE FACULTY MEMBER AND THE DEPARTMENT CHAIRMAN AND SUBMITTED TO ALFIERO 203. **IT IS THE RESPONSIBILITY OF THE STUDENT TO FOLLOW THE DROP/ADD DEADLINE DATES AS PUBLISHED BY THE UNIVERSITY.**