REQUEST FOR AUTHORIZATION TO REGISTER FOR SUPERVISED RESEARCH 647

State University of New York at Buffalo SCHOOL OF MANAGEMENT

□ M.B.A. □ Ph.D.

GRADUATE PROGRAMS IN MANAGEMENT REQUEST FOR AUTHORIZATION TO REGISTER FOR SUPERVISED RESEARCH 647

	Fall □ Spring □ Summer I □		Year
Name	"" -	Date Submitted	
Address		Home/Work Phone No)
City, St., Zip Code		Person No. (8 Digit No.	D.)
SUPERVISED RESEARCH 647: Title of Project or Problem To Be Solved			
Method of Approach:			
Number of Credit Hours Requested (maximum number – 6 hours)	(<u> </u>	Total Number of Cred Hours To Be Carried During Semester	t
Please Check Appropriate Department:			
☐ Accounting	☐ Economics	☐ Finance	☐ Health Care Systems
☐ Industrial Relations	☐ Management Policy	☐ Marketing	☐ Organizational Behavior
	☐ Quantitative Method	s Science & Systems	
FACULTY MEMBER APPROVAL			Date
DEPARTMENT CHAIRMANAPPROVAL			Date
Registration/SectionNo.			Date

PLEASE NOTE: THIS FORM IS TO BE COMPLETED AND SIGNED BY BOTH THE FACULTY MEMBER AND THE

DEPARTMENT CHAIRMAN AND BROUGHT TO 108 JACOBS MANAGEMENT CENTER FOR ASSIGNMENT OF REGISTRATION NUMBER AND REGISTRATION. IT IS THE STUDENTS RESPONSIBILITY TO FOLLOW THE DROP/ADD DEADLINE DATES AS PUBLISHED BY THE

UNIVERSITY.

Copy 1: Academic Programs Office

Copy 2: Student's file Copy 3: Student's copy