To enroll in BE 598 Individual Problems, the student must complete the form on the next page. The Description of Informal Study must include the following components:

- Description of work required to complete the course
- Tentative schedule for when/how often the student and instructor will meet during the given term
- Course Objectives
- Intended Learning Outcomes
- Method of Assessment

The student needs to work with the instructor to complete this form. Attach additional pages as necessary if the form does not allow enough space for all required components.

When determining how many credit hours the course is to be for (1-6) please note that each credit hour is considered approximately 3 hours of work each week for 15 weeks, so approximately 45 total hours worked per credit earned.

After the form is signed by the student and the instructor it is to be submitted to the Academic Coordinator. The form will be reviewed by the Director of Graduate Studies, and the student will be added to the class by the department.

This form must be submitted no later than the FIRST week of student in order to be enrolled prior to the end of drop/add for the semester. If the form is submitted after the first week the student will be ineligible to enroll for that semester.
University at Buffalo
School of Engineering and Applied Sciences

Informal Course (Individual Problems or Independent Study) Form
Submit to Department Graduate Studies Office before end of second week of classes

Student Name: ___________________________ Person No.: ________________
(Please print)

Semester: Fall ______ Spring ______ Summer ______
(Year) (Year) (Year)

Course Number: ____________ Credit Hours: ____________

Supervising Faculty Member: ______________________________________

Grading Scheme: Letter ____ or S/U ____

Title of Informal Study: ______________________________________

Description of Informal Study: ______________________________________

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Student Signature: ___________________________/_____________________/______
(Please Print) (Signature) (Date)

Faculty Signature: ___________________________/_____________________/______
(Please Print) (Signature) (Date)

Director of Graduate Studies
or Chair Signature: ___________________________/_____________________/______
(Please Print) (Signature) (Date)

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