

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: _____

Student Signature: _____ / _____ / _____
(Please Print) (Signature) (Date)

Faculty Signature: _____ / _____ / _____
(Please Print) (Signature) (Date)

Director of Graduate Studies
or Chair Signature: _____ / _____ / _____
(Please Print) (Signature) (Date)