State University of New York at Buffalo SCHOOL OF MANAGEMENT

MBA	
PhD	
MS	

GRADUATE PROGRAMS IN MANAGEMENT

REQUEST FOR AUTHORIZATION TO REGISTER FOR SUPERVISED RESEARCH 647

Fall	Spring	Summer I	Sum	nmer III	Year			
Date Submitted	1		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 MI	EMBER APPI	ROVAL Print_			Date			
FACULTY MEMBER APPROVAL Signature								
DEPARTMENT CHAIR APPROVAL Signature								
Registration/Section No. (will be assigned by GPO)								

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.