

STATE UNIVERSITY OF NEW YORK AT BUFFALO

DEPARTMENT OF COMMUNICATION

Description of Informal Graduate Study

NAME OF STUDENT (Print): _____

Fall _____

NAME OF INSTRUCTOR (Print): _____

Spring _____

COURSE NO.: _____ COURSE TITLE: _____

Summer _____

CREDIT HOURS: _____ CONTACT HOURS FOR SEMESTER: _____

20____

Description of course content:

Bibliography and/or methodology completed for the course:

Reason for course being offered as independent study or reading:

Signature of Student: _____

Date: _____

Signature of Instructor: _____

Date: _____