

UNIVERSITY AT BUFFALO
DEPARTMENT OF COMMUNICATIVE DISORDERS & SCIENCES

**GRADUATE COURSE REQUEST FORM for CDS 600, CDS 699, CDS 700
(INDEPENDENT STUDY, RESEARCH & THESIS)**

STUDENT NAME : _____ Date _____

PERSON # _____ Email: _____

MA AuD PhD Other _____

INSTRUCTIONS: Choose your course below and fill in all sections. ALWAYS provide the Six Digit Registration # (Reg. #) under the instructor name in the HUB. The course instructor must approve this form. Please email this form to the instructor to approve.

If Approved, the Instructor will email this form to the CDS Graduate Coordinator who will register you.

CDS 600 INDEPENDENT STUDY Reg. # _____ Credits _____ Sem. _____ Year _____

Instructor _____ APPROVED? ___ YES ___ NO Date _____

GRADING is a LETTER GRADE

CDS 699 DOCTORAL THEORY & RESEARCH Reg. #. _____ Credits _____ Sem. _____ Year _____

Instructor _____ APPROVED? ___ YES ___ NO Date _____

GRADING is a LETTER GRADE

CDS 700 RESEARCH Reg. # _____ Credits _____ Sem. _____ Year _____

Instructor _____ APPROVED? ___ YES ___ NO Date _____

GRADING is a LETTER GRADE

Purpose of study: _____

Time frame in which study will be accomplished: _____

Method(s) in which study will be accomplished:

Literature survey Observation participation Laboratory Scientific inquiry

LIST three (3) pertinent readings associated with this assignment:

1. _____
2. _____
3. _____

Department Received Date _____

Student Notified Date _____

Updated 6/2021