

# DEPARTMENT OF BIOLOGICAL SCIENCES – MAJORS APPLICATION

109 COOKE HALL - UNIVERSITY AT BUFFALO  
BUFFALO, NY 14260  
(716)-645-2363 FAX (716) 645-2975

Date: \_\_\_\_\_

Student must submit **UB DARS** Report with this application to the Department

Bachelor of Arts \_\_\_\_\_

Bachelor of Science \_\_\_\_\_ with a **CONCENTRATIONS: Cell & Mole.** \_\_\_\_\_  
**Ecol. & Evol.** \_\_\_\_\_ **Pre-Health** \_\_\_\_\_

or **BIOINFORMATICS** \_\_\_\_\_

and a (check if applicable): Joint Major \_\_\_\_\_ Double Major \_\_\_\_\_ Double Degree \_\_\_\_\_ Special Major \_\_\_\_\_  
with \_\_\_\_\_ Department

Name: \_\_\_\_\_ Student # \_\_\_\_\_

Local Address : \_\_\_\_\_ Permanent Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

email address \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Accepted: \_\_\_\_\_ Deferred \_\_\_\_\_ Rejected: \_\_\_\_\_

Departmental Advisor: \_\_\_\_\_

(signature)

(date)

Comments: \_\_\_\_\_

\_\_\_\_\_