

**DEPARTMENT OF BIOLOGICAL SCIENCES – MINORS APPLICATION**  
109 COOKE HALL - UNIVERSITY AT BUFFALO  
BUFFALO, NY 14260  
(716)-645-2363 FAX (716) 645-2975

**Student must submit *UB DARS* Report with this application to the Department to which they are applying.**

Application for a MINOR in \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Student or SS# \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

Major(s): \_\_\_\_\_

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

.....  
Accepted: \_\_\_\_\_ Not Accepted: \_\_\_\_\_

Departmental Advisor: \_\_\_\_\_  
(signature) (date)

Minor Prerequisites: Complete \_\_\_\_\_ Not Complete \_\_\_\_\_ Minor Prerequisites Average \_\_\_\_\_

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