

DEPARTMENTAL APPLICATION

Department of Biochemistry
University at Buffalo
The State University of New York
School of Medicine and Biomedical Sciences
140 Farber Hall, 3435 Main St.
Buffalo, New York 14214-3000
(716) 829-2727 fax (716) 829-2725

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

Application for a Major in _____ Date: _____

and a (check if applicable): Joint Major _____ Double Major _____ Double Degree _____ Special Major _____ Minor _____

with _____ Department.

Name: _____ Student No. or Soc. Sec. No.: _____

Local Address: _____ Permanent Address: _____

Telephone: _____ Telephone _____

E-mail: _____

Total UB Credits: _____ Total Transfer Credits: _____ Total Credits to Date: _____

Transfer Average: _____ UB Average: _____ Total Average: _____ Dept. Average: _____

Student's Signature _____ Date: _____

Accepted: _____ Provisionally Accepted: _____ Not Accepted: _____ Entity Code: 0462

Departmental Advisor: _____
(signature) (date)

Comments: _____

Internal Checklist

Admissions Spreadsheet _____

Mailbox _____

CICS major update _____

Accept/Decline letter _____

Email List _____

Major List _____