

**Department of Pharmacology and Toxicology**

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 Buffalo, NY 14214-1300  
 Tel (716) 829-2800  
 FAX (716) 829-2801

**Application for Minor in Biochemical Pharmacology**

**\*\*\*Student must submit UB DARS Report with this application.\*\*\***

**Applications Accepted on Continual Basis**

Major with Department of \_\_\_\_\_ /Minor with Biochemical Pharmacology

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>SS#</b>
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		<b>UB Person #</b>
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<b>GENDER:</b> Male Female		<b>DATE OF BIRTH:</b> Mo/Day/Yr: ___/___/19___
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<b>LOCAL ADDRESS</b>	Street	
	City	State Zip
<b>TELEPHONE</b>		

<b>PERMANENT ADDRESS</b>	Street	
	City	State Zip
<b>TELEPHONE</b>	( )	

**E-MAIL:** \_\_\_\_\_

<b>CREDITS TO DATE:</b>	Total UB Credit:		Cumulative UB Average:
	Total Transfer Credit:		Cumulative Transfer Average:
	Total Credits to date:		

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

<u>For Office Use Only</u>			
	<u>Date</u>		<u>DECISION</u> <u>Date</u>
Received	___/___/___	Accepted	___/___/___
Acknowledged	___/___/___	Not Accepted	___/___/___

**PREREQUISITES FOR MINOR:** \_\_\_ Complete \_\_\_ Not Complete Prereq. Average: \_\_\_\_\_

**Comments:**

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