DEPARTMENT OF PHILOSOPHY

MINOR APPLICATION

DEPARTMENT OF PHILOSOPHY
135 PARK HALL- UNIVERSITY AT BUFFALO
BUFFALO, NEW YORK 14260
(716) 645-2780

INSTRUCTIONS:
1. SAVE THIS DOCUMENT TO YOUR COMPUTER USING YOUR SURNAME AND FIRST INITIAL AS THE FILE NAME.
2. FILL OUT THE INFORMATION BELOW, SAVE CHANGES, AND EMAIL TO MD63@BUFFALO.EDU, ALONG WITH A PDF OF YOUR AAR.
3. AFTER THE DEPARTMENT REVIEWS YOUR APPLICATION AND MAKES A DETERMINATION, STUDENT WILL BE NOTIFIED VIA EMAIL OF DEPARTMENTAL DECISION.
4. IF ACCEPTED, STUDENT’S MINOR WILL BE ADDED TO UNIVERSITY RECORDS BY THE DEPARTMENT.

Name  Last ___________________________ First _______________  Person No. ____________

UB Email Address  ____________@buffalo.edu  Date ____________________________

Local phone ____________________________

Please select one: _____________

Local Address:  Street, City, State, Zip Code  Permanent Address:  Street, City, State, Zip Code

________________________________________  ________________________________

________________________________________  ________________________________

UB Credits to date:  Transfer Credits:  Total Credits:  
UB Average:  Department Average:  Transfer Average:  Total Average:  

________________________________________  

Required courses for Philosophy Minor taken to date:

Any two (2) Philosophy Courses:

1. ____________________________

2. ____________________________
Any four (4) Philosophy Courses at the 200 level or higher:

1. ______________________
2. ______________________
3. ______________________
4. ______________________

_________________________________________________________________________

Transfer credits you wish to count toward your minor:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Additional comments:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Accepted     Provisionally Accepted     Not Accepted

Departmental Signature _______________     Date ________

Comments: