

## Major Declaration Form

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Name

First: \_\_\_\_\_

Last: \_\_\_\_\_

Person # \_\_\_\_\_

Please list other Majors or Minors in  
which you are currently enrolled

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: (      ) \_\_\_\_\_

UB Email Address: \_\_\_\_\_

Alt. Email (if any): \_\_\_\_\_

Local Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permanent Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

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

Approved by: \_\_\_\_\_