

MINOR APPLICATION
Department of Classics
University at Buffalo - 338 Academic Center
Buffalo, NY 14261
(716) 645-0466
(716) 645-2225 – Fax

STUDENTS MUST SUBMIT A COPY OF THEIR UNOFFICIAL TRANSCRIPT ALONG WITH THIS APPLICATION TO THE CLASSICS DEPARTMENT.

Name: _____

Date: _____

Person #: _____

Email Address: _____

Concentration within the Minor: _____

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

Current GPA: _____

Student's Signature: _____ **Date:** _____

Accepted: _____ **Provisionally Accepted:** _____ **Not Accepted:** _____

Departmental Signature: _____ **Date:** _____

Date entered into HUB: _____

Date added to Listserv: _____

Comments:
