

DEPARTMENT OF JEWISH THOUGHT

712 Clemens Hall, 645.3695

***MINOR DECLARATION FORM: I would like to declare a MINOR in
The Department of JEWISH THOUGHT***

Name-As Listed in Official School Records:

Are you currently signed up for any other
Majors or Minors? If so, please list:

Last _____

First _____

Student # _____

Your UB Email (required): _____

Other Email (if any) _____

Your Local Address:

Your Cell (or local) Phone # _____

Your Permanent Address:

Your Permanent Phone # _____

APPROVED BY: _____

(Advisor's Signature if Required)

Signature: _____ Date: _____

Entered by/Date _____