

**ALBANY COLLEGE OF PHARMACY  
AND HEALTH SCIENCES**

**Albany College of Pharmacy and Health Sciences  
Minor Declaration**

Student	Name: _____ ID number: _____ E-mail address: _____@acphs.edu Signature: _____ Date: _____			
Major or program	<input type="checkbox"/> Biomedical Technology (BS) <input type="checkbox"/> Clinical Laboratory Sciences (BS) <input type="checkbox"/> Microbiology (BS) <input type="checkbox"/> Pharmaceutical Sciences (BS) <input type="checkbox"/> Pharmacy (PharmD) <input type="checkbox"/> Public Health (BS)			
Minor being declared	<input type="checkbox"/> Mathematics (Ali) <input type="checkbox"/> Medical Humanities (Vines) <input type="checkbox"/> Public Health (Parker) <input type="checkbox"/> Microbiology (Shakerley)			
Anticipated degree completion	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	Year: _____
Anticipated minor completion	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	Year: _____
Minor coordinator	Name: _____ Signature: _____ Date: _____			
Faculty academic advisor	Name: _____ Signature: _____ Date: _____			
Bachelor of Science students: Major Program Director Doctor of Pharmacy students: Dean of Pharmacy	Name: _____ Signature: _____ Date: _____			

*Please attach a "Plan of Study" form for your minor. Forward completed form to Registrar for processing.*