



SUNY AGEP UB BUSINESS CARD APPLICATION FORM

Please complete the following information to be included on your UB Business Card and return completed form to the AGEP Office, 401 Capen Hall, North Campus.

FULL NAME:

CAMPUS MAILING
ADDRESS:

PHONE NUMBER:

UB EMAIL ADDRESS:

COLOR CHOICE:

ONE COLOR: _____

TWO COLORS: _____

Please also provide the following additional information for our AGEP program records:

DEGREE PROGRAM TYPE: MASTERS _____ DOCTORATE _____

DEGREE PROGRAM TITLE: _____

DATE OF CANDIDACY: _____

YEAR OF STUDY: _____

MAJOR ADVISOR: _____