Wagner College

Staten Island, New York 10301

Application For Graduate Degree

TO BE COMPLETED BY APPLICANT

Name of Applicant, exactly as it should appear on the diploma: PLEASE PRINT

NAME_____ ID#_____

ADDRESS_____

LOCAL PHONE_____ E-MAIL ADDRESS_____

DEGREE (circle one): ____ Master of Science ____ Master of Science in Education
____ Master of Arts ____ Master of Business Administration

EXPECTED COMPLETION DATE: _____ Selecting Thesis Option: YES NO

MAJOR: _____

CONCENTRATION: (if applicable) _____

_____ _____
(SIGNATURE OF APPLICANT) (DATE)

TO BE COMPLETED BY CHAIR OF MAJOR DEPT.

List below courses currently in progress and those needed Between now and graduation to complete degree requirements. Please list only those courses specifically required. For the others, show the number of credits of electives to be completed.

Total # of credits required for degree_____

Course	Credits	Course	Credits
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

SUBSTITUTIONS AND WAIVERS IN PROGRAM

_____

_____

_____

MEETING REQUIREMENTS OF_____CATALOG
(YEAR)

_____
SIGNATURE OF DEPT. CHAIRPERSON DATE

TO BE COMPLETED BY REGISTRAR'S OFFICE

Date Application Received_____

Credits Earned_____ as of_____
Credits Needed_____

Total Credits_____
Upon satisfactory completion of requirements listed by chairperson of Major Department and have met the requirements for the specified Graduate Degree, except as noted:

_____

_____

_____

_____

By signing this form, you allow Wagner College to publish your name in the Commencement program.

Registrar/2016 Forms/2016_Application