

WAGNER COLLEGE
Staten Island, New York 10301
**APPLICATION FOR UNDERGRADUATE
DEGREE**

TO BE COMPLETED BY APPLICANT:

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

NAME _____ ID# _____

Permanent

ADDRESS _____
(Street) (City) (State) (Zip)

CAMPUS BOX# _____ LOCAL PHONE# _____

E-MAIL ADDRESS _____

DEGREE: (Circle Degree) Bachelor of Arts; Bachelor of Science;

- I will complete my degree requirements (check one) (Year)
_____ **Aug.** _____
_____ **Dec.** _____
_____ **May** _____

1st Major _____

2nd Major _____

Concentration _____

Minor _____

Please return this form as soon as possible.

If you have any questions contact the Registrar's Office at registrar@wagner.edu or 1-718- 390-3173.

Signature of Applicant _____ **Date** _____

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