

Department or office in which applicant wishes to be assigned

Do you wish to be considered for an assistantship in any other department/office?

# Wagner College

## Graduate Assistantship Application

Degree Objective: \_\_\_\_\_ Major: \_\_\_\_\_

No action will be taken on this application until the applicant has been admitted as a regular, degree seeking graduate student to Wagner College. Please attach a copy of the admission letter of acceptance.

Return application to the Office of Graduate Studies, Campus Hall Room 331, Wagner College, One Campus Road, Staten Island, NY 10301.

Name in Full Mr. Ms. \_\_\_\_\_  
(Last name) (First name) (Middle name)

Social Security # \_\_\_\_\_ E-mail address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
No. and street City State Zip Code

Telephone Numbers: (home) \_\_\_\_\_ (office) \_\_\_\_\_

List all colleges and universities you have attended starting with the most recent:

<i>Name of institution</i>	<i>City and State</i>	<i>Dates Attended</i>	<i>Diploma or Degree</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Present Occupation: \_\_\_\_\_

List computer knowledge/experience: \_\_\_\_\_

Are you applying for: Academic Year Fall Semester Spring Semester

Would you accept a one-semester assistantship if a full-year one is not available? Yes No Preferred semester? \_\_\_\_\_

References: Please list name, address and telephone number.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

