

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: Master of Science; Master of Science in Education; Master of Business Administration.
 (Circle Degree)

EXPECTED COMPLETION DATE: _____ Selecting Thesis Option: YES NO

MAJOR: _____

CONCENTRATION: (if applicable) _____

 (SIGNATURE OF APPLICANT) (DATE)

<u>TO BE COMPLETED BY CHAIR OF MAJOR DEPT.</u>	<u>TO BE COMPLETED BY REGISTRAR'S OFFICE</u>
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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 _____

<u>Course</u>	<u>Credits</u>	<u>Course</u>	<u>Credits</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUBSTITUTIONS AND WAIVERS IN PROGRAM

MEETING REQUIREMENTS OF _____ CATALOG
 (YEAR)

 SIGNATURE OF DEPT. CHAIRPERSON DATE

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:

