

**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 \_\_\_\_\_

1<sup>st</sup> Major \_\_\_\_\_

2<sup>nd</sup> 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](mailto:registrar@wagner.edu) or 1-718- 390-3173.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_