

WAGNER COLLEGE HONORS PROGRAM

(To be submitted to Director of Honors Program)

SENIOR PROJECT PROPOSAL

NAME _____ ID# _____

E-mail _____ DATE _____

HOME ADDRESS _____

PHONE _____

MAJOR _____

ACADEMIC
ADVISOR _____

PROJECT TITLE
(Tentative) _____

BRIEF
DESCRIPTION:

PROPOSAL ACCEPTED:

(Signature of Project Director, Department)

(Date)