

Office of Graduate Studies
Stockton University
Waitlist Form

The purpose of the form is to collect information from the applicants who are invited, by an admissions committee, to participate in the program's waitlist. Please print clearly using a ball point pen or type on this form fillable document and save.

First Name

Last Name

Anticipated Program

___ I am interested in attending the program beginning this upcoming fall term. I understand that if offered admission, I will have 48 hours to pay a \$500.00 Admissions Deposit to secure a seat in the fall cohort.

___ I am no longer interested in attending the program and wish to withdraw my application.

Contact information in which I can be reached immediately:

Phone

Email

Signature

Date

*Please complete this form, **save** and attach to your supplemental application on <http://discover.stockton.edu> upon logging in back into your Discover Stockton Account.*