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Graduate Certificate Program Study Plan Application for Candidacy
(Check one)

Name: _____ Student Identification No.: _____ - _____ - _____

Department: _____ Major/Concentration: _____

Exact Name of Graduate Certificate Being Pursued: _____

**An Application for Candidacy (AC) is an absolute requirement for graduation.
 Your AC must be approved by your advisor and received by The Graduate School before
 November 1 for Fall completion or April 1 for Spring completion.**

Year	Term	Institution (if not Stevens)	Course Number	Course Name	Grade (if Rec'd)	Credits

Note: Courses taken by a student towards a Graduate Certificate may or may not be applied towards a Master's Degree

 STUDENT SIGNATURE DATE

 STUDENT ADDRESS

 ADVISOR SIGNATURE DATE

 CITY, STATE ZIP CODE

 REGISTRAR DATE

 DAYTIME TELEPHONE NUMBER