



**Master's Study Plan Application for Candidacy**

(Check one)

Last Name: \_\_\_\_\_

Student Identification No.: \_\_\_\_\_

First Name: \_\_\_\_\_

Anticipated Graduation: 20 \_\_\_\_ Spring Summer Fall

Major: \_\_\_\_\_

International Students: Applying for O.P.T.? Yes No

Concentration: \_\_\_\_\_

Degree: MA ME MS MPh MTM MBA EMBA

**Major (Please list in the order as they appear on your transcript)**

| Year | Term | Institution<br>(if not Stevens) | Course<br>Number | Course Name | Grade<br>(if Rec'd) | Credits |
|------|------|---------------------------------|------------------|-------------|---------------------|---------|
|      |      |                                 |                  |             |                     |         |
|      |      |                                 |                  |             |                     |         |
|      |      |                                 |                  |             |                     |         |
|      |      |                                 |                  |             |                     |         |
|      |      |                                 |                  |             |                     |         |
|      |      |                                 |                  |             |                     |         |
|      |      |                                 |                  |             |                     |         |
|      |      |                                 |                  |             |                     |         |
|      |      |                                 |                  |             |                     |         |
|      |      |                                 |                  |             |                     |         |

**Electives 9 elective credits required**

| Year | Term | Institution | Course<br>Number | Course Name | Grade<br>(if Rec'd) | Credits |
|------|------|-------------|------------------|-------------|---------------------|---------|
|      |      |             |                  |             |                     |         |
|      |      |             |                  |             |                     |         |
|      |      |             |                  |             |                     |         |
|      |      |             |                  |             |                     |         |
|      |      |             |                  |             |                     |         |

**No Credit If required**

| Year | Term | Institution | Course<br>Number | Course Name | Grade<br>(if Rec'd) | Credits |
|------|------|-------------|------------------|-------------|---------------------|---------|
|      |      |             |                  |             |                     |         |
|      |      |             |                  |             |                     |         |

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEAN OF GRADUATE ACADEMICS \_\_\_\_\_ DATE \_\_\_\_\_

ADVISOR NAME (PRINT) \_\_\_\_\_

REGISTRAR \_\_\_\_\_ DATE \_\_\_\_\_