



**STEVENS**  
INSTITUTE of TECHNOLOGY  
THE INNOVATION UNIVERSITY

**Office of the Registrar**  
Phone: 201.216.3756  
Fax: 201.216.8030  
registrar@stevens.edu  
www.stevens.edu/registrar

## 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 (if not Stevens)	Course Number	Course Name	Grade (if Rec'd)	Credits

### Electives

Year	Term	Institution	Course Number	Course Name	Grade (if Rec'd)	Credits

### No Credit

Year	Term	Institution	Course Number	Course Name	Grade (if Rec'd)	Credits

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

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

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

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

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