



Stevens Institute of Technology
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Office of the Registrar
 registrar@stevens.edu
 http://www.stevens.edu/registrar

Master's ☐ Study Plan ☐ Application for Candidacy

(Check one)

Name: _____

Student Identification No.: _____

Department: _____

Major: _____

Concentration: _____

Exact Name of Degree 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 Registrar before October 1 for Fall completion or February 15 for Spring completion.

If you plan on attending the ceremony in May, please check here ☐.

Major (Must Include Core Courses)

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 (*Interdisciplinary Programs ONLY*) _____

REGISTRAR _____ DATE _____

ADVISOR NAME (PRINT) _____

STUDENT EMAIL ADDRESS _____

STUDENT DAYTIME TELEPHONE NUMBER _____