



Minor

Stevens Institute of Technology
Castle Point on Hudson
Hoboken, NJ 07030
Office of the Registrar
201.216.5210
FAX 201.216.8030

Study Plan / Application for Candidacy (check one)

Name: _____ ID: ____ - ____ - _____ Class: _____ Box S- _____ E-mail: _____

Degree: B.A. B.E. B.S. Major Concentration Field: _____

Instructions Please print or type. The primary purpose of this form is to lay out the courses required to complete your minor program and when you expect to take each of them. You may then use it to track your own progress to the minor. You should revise it as needed. Please indicate the term when you expect to take each course (e.g., 2002F, 2003S, etc.). Any courses taken elsewhere should be marked **TR**. Additional study plans will be required for each minor. Check the box to the left of the course if the course is being used to satisfy the requirements for the degree and/or another minor.

Name of Minor: _____

Requirements for this minor: _____

Number of Courses: _____

	Term	Course	Credits	Grade
<input type="checkbox"/>	¹ _____	_____	_____	_____
<input type="checkbox"/>	¹ _____	_____	_____	_____
<input type="checkbox"/>	¹ _____	_____	_____	_____
<input type="checkbox"/>	¹ _____	_____	_____	_____
<input type="checkbox"/>	¹ _____	_____	_____	_____
<input type="checkbox"/>	¹ _____	_____	_____	_____
<input type="checkbox"/>	¹ _____	_____	_____	_____
<input type="checkbox"/>	¹ _____	_____	_____	_____
<input type="checkbox"/>	¹ _____	_____	_____	_____
<input type="checkbox"/>	¹ _____	_____	_____	_____

NOTES:
1. Check this box if the course satisfies other degree or minor requirements.

* Core courses
Need two technical electives and one contextual elective in addition to core courses
Electives to be chosen from the list of those approved for the minor

Student Signature: _____ Date: _____

Original Revision

Faculty Advisor (for Minor) Signature: _____ Date: _____

UG Records Auditor: _____ Date: _____