Stevens Institute of Technology
Castle Point on Hudson
Hoboken, NJ 07030
201.216.5210
FAX 201.216.8030
Office of the Registrar
registrar@stevens.edu
http://www.stevens.edu/registrar

Doctoral ☐ Study Plan ☐ Application for Candidacy

(Check one)

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

Department: _____ Major/Concentration: _____

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
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
				MASTER'S DEGREE		

STUDENT SIGNATURE DATE

STUDENT ADDRESS

ADVISOR SIGNATURE DATE

CITY, STATE ZIP CODE

REGISTRAR DATE

DAYTIME TELEPHONE NUMBER

Please keep a copy for your records