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

Graduate Certificate Program ☐ Study Plan ☐ Application for Candidacy

(Check one)

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

Department: _____ Major/Concentration: _____

Exact Name of Graduate Certificate 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
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

Note: Courses taken by a student towards a Graduate Certificate may or may not be applied towards a Master's Degree

STUDENT SIGNATURE DATE

ADVISOR SIGNATURE DATE

REGISTRAR DATE

STUDENT ADDRESS

CITY, STATE ZIP CODE

DAYTIME TELEPHONE NUMBER