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

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 Graduate School before
November 1 for Fall completion or April 1 for Spring completion.

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

REGISTRAR DATE

STUDENT ADDRESS

CITY, STATE ZIP CODE

DAYTIME TELEPHONE NUMBER

Please keep a copy for your records