



# Minor

Stevens Institute of Technology  
Castle Point on Hudson  
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## 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. **Each minor requires at least two courses over and above the requirements for the major degree.**

Name of Minor: _____	Term	Course	Credits	Grade
Requirements for this minor:	<input type="checkbox"/> 1	_____	_____	_____
Number of Courses: _____	<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.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Original  Revision

Faculty Advisor (for Minor) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

UG Records Auditor: \_\_\_\_\_ Date: \_\_\_\_\_