Stevens Institute of Technology
Castle Point on Hudson
Hoboken, NJ 07030-5991
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 Registrar before October 1 for Fall completion or March 1 for Spring completion. If you plan on attending the ceremony in May, please check here ☐.

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

DEAN OF GRADUATE ACADEMICS (Interdisciplinary Programs) DATE

REGISTRAR DATE

STUDENT ADDRESS

CITY, STATE ZIP CODE

DAYTIME TELEPHONE NUMBER

Please keep a copy for your records