



**STEVENS**  
INSTITUTE of TECHNOLOGY  
THE INNOVATION UNIVERSITY

**Office of the Registrar**  
Phone: 201.216.3756  
Fax: 201.216.8030  
registrar@stevens.edu  
www.stevens.edu/registrar

# Master's Study Plan Application for Candidacy

*(Check one)*

Last Name: \_\_\_\_\_

Student Identification No.: \_\_\_\_\_

First Name: \_\_\_\_\_

Anticipated Graduation: 20 \_\_\_\_ Spring Summer Fall

Major: \_\_\_\_\_

International Students: Applying for O.P.T.? Yes No

Concentration: \_\_\_\_\_

Degree: MA ME MS MPh MTM MBA EMBA

**Major (Please list in the order as they appear on your transcript)**

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 DATE

\_\_\_\_\_  
ADVISOR NAME (PRINT)

\_\_\_\_\_  
REGISTRAR DATE