

Graduate School
2401 Computer Science Bldg
Stony Brook, NY 11794-4433

Graduate School Date Stamp:

Permission to Enroll in a Secondary Program- CERTIFICATES ONLY

Last Name	First Name	Identification Number
Are you an international student?	International students must consult with an international student advisor prior to making any program changes.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what is your immigration status? J1 <input type="checkbox"/> F1 <input type="checkbox"/>	

Student Signature: _____ Date: _____

The student listed above has approval to work concurrently towards the secondary certificate program listed below. We understand that by adding an additional degree program the time limits for the first degree remains the same and the student must complete the second program within the time limit for the original program completion. By signing below, we certify that we have reviewed the student's transcript and have developed a completion plan for both degrees. We understand that tuition scholarships may only be used for coursework pursuant to the program for which it was awarded, and that the student must be enrolled fulltime to receive a tuition scholarship. We understand that a maximum of 6 graduate credits earned prior to the student being accepted into the second program can be applied to the second program. Credits applied to the degree requirements of a primary program cannot be applied towards the degree requirements of a second degree program.

Primary Program

Academic Level: G1 G2 G3 G4 G5

Primary Program: _____

Degree Plan: M.A. M.M. M.S. M.F.A. Ph.D. D.M.A. D.A. MBA

Matriculation Date: Fall Spring Summer Year: _____

Student's Primary Program Advisor: _____ Date: _____

Primary Graduate Program Director: _____ Date: _____

Secondary Program

Secondary Program: _____

Degree Plan: Certificate

Semester Start: Fall Spring Summer Year: _____

Secondary Graduate Program Director: _____ Date: _____

** Please note: A new offer letter and student signed response must be attached to this form before the Graduate School will process. **

Graduate School Staff Only:

International Services Approval: _____ Date: _____
(F1 and J1 students only)

Graduate School Approval: _____ Date: _____