Stony Brook University

The Graduate School
School of Professional Development
gradadmissions@stonybrook.edu
spd@stonybrook.edu

Permission to Enroll in a Secondary Certificate Program

Academic Information

Last Name (Current Name on SB Records)	First Name	Student I.D. No. (*not Social Security #*)

Are you a U.S. citizen? Yes No Are you a Permanent Resident? Yes No	If you answered NO to both questions, indicate your immigration status:

Are you participating in a certificate program? Yes No	**Academic Level** (circle one) G1 G2 G3 G4 G5

Signature of Student _____ **Date** _____

The student listed above has approval to work concurrently towards the certificate listed below. We understand that by adding a certificate the time limit for the degree program remains the same and the student must complete the certificate within the time limit for the degree program completion. By signing below, we certify that we have reviewed the student's transcript and have developed a completion plan for both the degree and certificate. We understand that tuition scholarships may only be used for coursework pursuant to the degree program, 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 certificate program can be applied to the certificate program (with exception to Education Leadership which allows 12 credits). ***International students must get this form signed by International Services.***

Primary Degree Program

Primary Program	Degree Plan (circle one) MA MBA MFA MM MS DA DMA PhD	Matriculation Date (circle one) Fall Spring Summer 20 ____

Student's Primary Program Advisor *(Please Print)*_____

Advisor's Signature _____ **Date** _____

Student's Graduate Program Director *(Please Print)* _____

GPD's Signature _____ **Date** _____

Certificate Program

Certificate Program	Semester Start (Circle One) Fall Spring Summer 20 ____

Student's Graduate Program Director *(Please Print)* _____

GPD's Signature _____ **Date** _____

Visa & Immigration Services Signature (if required): _____ **Date:** _____

For Graduate School & School of Professional Development Use Only:

☐ **Denied & Reason:** _____ **Date:** _____

☐ **Approved & Processed:** _____ **Date:** _____
                                                  Signature

Graduate School: 2401 Computer Science Bldg.
School of Professional Development: 2321 Computer Science Bldg.

It is the policy of the Graduate School & School of Professional Development to abide by University, federal, and state laws. For more information on our policies, visit the Graduate Bulletin.