# Permission to Enroll in a Secondary Certificate Program

**The Graduate School**  
Stony Brook University  
Stony Brook, NY 11794-4433

**Please Type or Print carefully**

## Academic Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Student I.D. No.</th>
<th>(not Social Security #)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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:

## Signature of Student

______________________________  
Date __________

The student listed above has approval to work concurrently towards the secondary certificate program listed below. We understand that by adding an additional certificate 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 certificate program can be applied to the certificate program. *International students must get this form signed by International Services before submitting it to the Graduate School for final approval.*

## Primary Degree Program

**Primary Program and Degree Plan** *(Art MA, etc.)*

<table>
<thead>
<tr>
<th>Academic Level (circle one)</th>
<th>Matriculation Date (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1</td>
<td>G2</td>
</tr>
</tbody>
</table>

**Student’s Primary Program Advisor** *(Please Print)*

______________________________  
Date __________

**Advisor’s Signature**

______________________________  
Date __________

**Student’s Graduate Program Director** *(Please Print)*

______________________________  
Date __________

**GPD’s Signature**

______________________________  
Date __________

## Certificate Program

**Certificate Program**

| Semester Start (circle one) | Fall | Spring | Summer | 20 __ |
|-----------------------------|------|--------|--------|

**Student’s Graduate Program Director** *(Please Print)*

______________________________  
Date __________

**GPD’s Signature**

______________________________  
Date __________

## Graduate School and International Services

**International Student Advisor Approval** *(if required):*

- [ ] Disapproved  
- [ ] Approved & Processed

**Advisor’s Signature**

______________________________  
Date __________

**Graduate School**

______________________________  
Date __________