The Graduate School **Stony Brook University** **Stony Brook, NY 11794-4433**	**Permission to Enroll in a** **Secondary Certificate Program** *Please Type or Print carefully*

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:

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.)*	Academic Level (circle one) G1 G2 G3 G4 G5	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** _____

Graduate School and International Services

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

Advisor's Signature _____   **Date** _____

☐ **Disapproved**   ☐ **Approved & Processed**

Graduate School _____   **Date** _____