



Certified Student Travel Professional Candidate Graduation Request Form

Please complete the enclosed form and return to <u>center@syta.org</u> or fax it to 703-610-0270. If you have any questions, please call Katy Summers at 703-672-8530. Once your completed form is received, we will contact about your graduation eligibility. CSTP graduation takes place each year at the SYTA annual conference.

NOTE: This graduation request is for applicants earning their initial CSTP. If you are earning your renewal, please complete the renewal request form.

Please complete:	
☐ I am a SYTA Member	☐ I am NOT a SYTA member
Name:	te it printed on your CSTP materials)
Company (if applicable):	
Contact Address:	
City, Province/State, Postal Code/Zip/C	Country:
Phone:	E-mail:
Please enter credits earned: SYTA Events: Credits Volunteer: Credits Education: Credits Must equal 65 credits	
* Ensure you have submitted all docum	nentation and approval forms as required
Written Essay Submitted?Yes *Send your written essay to <u>center@sym</u>	
Applicant Signature:	
For SYTA staff Approval Name: Approval Date:	