



Certified Student Travel Professional Candidate Graduation Request Form

Please complete the enclosed form and return to center@syta.org. 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: _____
(Please list your name as you would like it printed on your CSTP materials)

Company (if applicable): _____

Contact Address: _____

City, Province/State, Postal Code/Zip/Country: _____

Phone: _____ E-mail: _____

*** Ensure you have submitted all documentation, requirement tracking sheet and approval forms as required**

Written Essay Submitted? ___ Yes ___ No

*Send your written essay to center@syta.org.

Applicant Signature: _____

For SYTA staff

Approval Name: _____

Approval Date: _____