

Returning Graduate Student Request to Register

Submit in person to:

Student Services Center
Tresidder Memorial Union, 2nd Floor
Monday - Friday, 9 a.m. - 5 p.m.
<http://helpsu.stanford.edu/?pcat=ssc>



Mail or fax to:

Office of the University Registrar
Stanford University
482 Galvez Mall, Suite 120
Stanford, CA 94305-6032
Fax: (650) 725-7248

Please type or print

Last Name

First

Middle

| | | | | | | | | |

Stanford Student Number

Phone Number (including area code)

Email Address

Quarter in which you intend to return and register:

Autumn Winter Spring Summer

Academic Year: 20____-20____

Quarter in which you last attended:

Autumn Winter Spring Summer

Academic Year: 20____-20____

Department: _____ Degree: _____

List below your plans for the quarter in which you would like to return: e.g., apply to graduate, etc.:

Signature

Student Signature

Date

For Registrar's Office use only

Approved _____ Denied _____ Postponed _____ Notified _____