



# Student Transfer Request Form

**Policy:** SCPD Honors Cooperative Program (HCP) students seeking to transfer to the full-time on-campus program, and full-time students seeking to transfer to the part-time HCP (Masters degree program), must submit a student transfer request to SCPD at least 6 weeks before the beginning of the quarter. This will allow time for review before the first day of class. (The University Registrar's office will not accept a request for the current quarter after the first day of instruction. If a student transfer request is submitted after the first day of instruction, it will be reviewed for the following quarter.) A maximum of two transfers per degree program is allowed. **Full-time students seeking to transfer to part-time HCP status must be employed by an SCPD member company to qualify for part-time study.** HCP students may not transfer to full-time status the last quarter of a degree program.

→ Mail this request to the SCPD, 496 Lomita Mall, Durand Building - 3<sup>rd</sup> Floor, Stanford, CA 94305-4036 (phone 650-725-3016) or fax to 650-725-2868. SCPD will seek approval and send notice to your home address indicated below.

## Section I: Student Information

Last Name, First Name (please print): \_\_\_\_\_

Are you a Co-Terminal student?  Yes  No (If yes, contact the academic department or the University Registrar's Office. Co-Terminal students may not become HCP students until they have reached graduate status.)

Home Address (Street): \_\_\_\_\_

City, State, Zip/Country Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Degree Program Major/Department: \_\_\_\_\_ Student I.D. #: \_\_\_\_\_

Company Name: \_\_\_\_\_

**International Students:** Please indicate your visa type: \_\_\_\_\_ (H1, F1, PR, etc.)

Section II: Transfer to full-time status	Section III: Transfer to part-time HCP status
Indicate the quarter you would like to become a regular full-time on-campus student (check one): <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Academic Year _____	Indicate the quarter you would like to transfer to part-time HCP status (check one): <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Academic Year _____
Number of units earned as an HCP student: _____	Number of units earned as a full-time student: _____
The time limit to complete a master's degree in the full-time on-campus program is three years from entering the master's degree program. For students who have earned units part-time through the HCP, the remaining time will be less than three years. Check with your department for degree progress and specific requirements.	

## Section IV: Reason for Request (This is required – Please use reverse side if necessary.)

## Section V: Student Signature

\_\_\_\_\_ Print Name Signature Date

## Section VI: Approvals - For Stanford Use Only -

1) Department: \_\_\_\_\_  
 Approved Print Name Signature Date  
 Denied (reason) \_\_\_\_\_

→ Academic Department: Please return to SCPD, 496 Lomita Mall, Durand Bldg. - 3<sup>rd</sup> Floor or fax to 5-2868.

2) SCPD: \_\_\_\_\_  
 Approved Print Name Signature Date  
 Denied (reason) \_\_\_\_\_

3) University Registrar: \_\_\_\_\_  
 Approved Print Name Signature Date  
 Denied (reason) \_\_\_\_\_

→ University Registrar: Please return to SCPD, 496 Lomita Mall, Durand Bldg. - 3<sup>rd</sup> Floor or fax to 5-2868.