Declaration or Change to a Field of Study for Graduate Students

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 print legibly

Last Name	First Name	Middle Name	Email Address
Stanford Student # (last eight digits)	Department and I	Program #1 (e.g., History Ph.D.)	Department and Program #2
Instructions	*		·
• Complete this form only if yo (subplan) within your current	department.		or change a graduate field of study
List deadline.			ion, and no later than the Final Study
 All fields of study appear on the transcript but only certain fields of study appear on the diploma; consult with your department to verify whether your field of study appears on the diploma. 			
• If you wish to change your current degree type or switch to another department then you must file the online Graduate Program Authorization Petition in Axess.			
For policies and additional information about the Graduate Program Authorization Petition, see: http://studentaffairs.stanford.edu/registrar/students/grad-auth-pet			
☐ I have applied to graduate	in	Quarter of Ac	ademic Year 20 20
☐ I have not applied to graduate.			
I am making the following changes to my graduate degree plan (check all that apply):			
Add Drop			
Field of study (subpl	an)	to/from this depa	artment/program
Field of study (subpl	an)	to/from this depa	artment/program
Field of study (subpl	an)	to/from this depa	artment/program
Signatures			
Student Signature		Print Name	Date
Department Administrator Signature		Print Name	Date
Departmental Adviser Signature (if applicable)		Print Name	Date
Area Adviser/Field of Study Chair Signature (if applicable)		Print Name	Date
REGISTRAR USE ONLY:			
Processed by Date	Comm	ents	