Request to Permanently Withdraw from Degree Program

Graduate Students:
Submit in person to: Student Services Center
Tresidder Memorial Union, 2nd Floor
Mail or fax to: Office of the University Registrar
630 Serra Street, Suite 120
Stanford, CA 94305-6032
Fax: (650) 725-7248

Undergraduates & coterms with active UG career:
Submit to:
Undergraduate Advising and Research (UAR)
Sweet Hall, 1st Floor
Fax (650) 725-1436
advising@stanford.edu

Please type or print

Last or Family Name | First | Middle

Stanford Student Number | Phone Number (including area code) | Email Address

❑ UG ❑ GR ❑ Coterm

Degree #1/Major | Degree #2/Major | Degree #3/Major

International Students: Nonimmigrant students and their dependents must maintain an appropriate visa status at all times. Additional information is available from the Foreign Student Adviser at Bechtel International Center.

Are you a U.S. permanent resident? ❑ Yes ❑ No. If no, indicate visa type (e.g., J-1, F-1): _____

Will you remain in the U.S. during this period? ❑ Yes ❑ No. If no, I will depart the U.S. on _____ and return on _____.

Instructions:

By signing and submitting this form, you are requesting that the Office of the University Registrar permanently withdraw you from your requested degree program on the date indicated. You are acknowledging that should you decide to return to the indicated degree program in the future you will have to apply for reinstatement and pay the necessary reinstatement fee(s).

Undergraduates, if declared, should discuss their plans with your department student services officer and undergraduate advisor. In addition, all *undergraduates and coterms with an active undergraduate career* should discuss plans with an Undergraduate Advising and Research Advisor.

International students holding F-1 or J-1 visas should discuss whether filing this form will affect their visa status in any way.

I hereby request to permanently withdraw from my degree program effective immediately on the date indicated below.

Last date of attendance: _____

Indicate the degree(s) and program(s) for which you are requesting permanent withdrawal from below (check all that apply):

Department(s)

❑ M.A./M.S./M.F.A./M.A.T./M.L.A.	_____	❑ J.D.	❑ J.S.M.
❑ Engineer	_____	❑ L.L.M.	❑ J.S.D.
❑ Ph.D.	_____	❑ M.D.	❑ M.B.A.
❑ Ph.D. Minor	_____		
❑ B.A./B.S.	_____		

(write "Undeclared" if no department)

Student Signature: *By signing below, I certify that the information contained on this form is true and accurate. I understand misrepresentations of fact may give rise to a complaint being filed with the Office of Judicial Affairs for investigation as possible violations of the Fundamental Standards.*

Student Signature | Date

Signatures: Obtain the appropriate signatures below.

UNDERGRADUATES: Residence Dean (Off-campus undergrads: Off-campus Residence Dean) | Print Name | Date

UNDERGRADUATES: Undergraduate Advising and Research Advisor | Print Name | Date

GRADUATE STUDENTS: Major Department Chair, Director of Graduate Studies, or School Dean | Print Name | Date

INTERNATIONAL STUDENTS (F-1 and J-1 visa holders only): Bechtel International Center Adviser | Print Name | Date