

Returning Student Request to Register



Office of the University Registrar
630 Serra Street, Suite 120
Stanford University
Stanford, CA 94305-6032
(650) 723-2041 • Fax: (650) 725-7248
registrar@stanford.edu

Please type or print

Last or Family Name

First

Middle

Stanford Student Number

Phone number (including area code)

Email address

Quarter in which you intend to register:

Autumn

Winter

Spring

Summer

Academic Year: 20____-20____

Quarter in which you last attended:

Autumn

Winter

Spring

Summer

Academic Year: 20____-20____

Academic Program:

Major: _____ Major: _____ Minor: _____

Intent upon return: e.g., apply to graduate, etc. _____

Addresses:

Permanent:

Mailing Address (if different from permanent)

Student Signature

Date

Upon completion, either mail to address above or submit to the Information Windows at 630 Serra Street, Suite 120.