

Request for Last Units Out of Residence (Undergraduates only)



Office of the University Registrar
630 Serra Street
Suite 120
Stanford University
Stanford, CA 94305-6032
Attn: External Credit Evaluation
(650) 723-2041

http://registrar.stanford.edu/students/academics/xfer_credit.htm

Please type or print

Return the fully completed petition to the Registrar's Office, 630 Serra Street, Suite 120, Stanford, CA 94305-6032. In general, it takes two weeks to notify you of the petition results. Notification will be sent to the email address you indicate on this petition.

Students can petition to take their final 15 units out of residence to complete their degree requirements. See the transfer credit web site at http://registrar.stanford.edu/students/academics/xfer_credit.htm for transfer credit policies and procedures. Students should be aware that Stanford's academic calendar and graduation may not coincide with that of the institution where the transfer credit is taken. You are responsible for confirming that official transcripts arrive at the Stanford Office of the University Registrar in time for the degree conferral date for the quarter in which you want to graduate. A Petition for Graduation Quarter form must be submitted with this form if all final units are taken out of residence. Apply to graduate through Axxess for the quarter you are requesting last units out of residence. Course work applied toward major requirements must have the approval of your major department.

Attach a typed or word-processed statement to this petition to explain your reasons for completing your last units out of residence.

| | | |
|--|----------------------------------|---------------------|
| Last or Family Name | First | Middle |
| _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ | _ _ _ _ _ _ _ _ _ _ |
| Stanford Student Number (8 digits, first digit is 0) | Phone Number (include area code) | Email Address |
| Mailing Address | City | State |
| Major Department | Adviser | Zip |
| University/College you will attend | | |

Quarter and academic year in which you will complete these units: Autumn Winter Spring Summer 20____ – 20____

Transfer course(s) you will complete at your other school (e.g., MATH 10, Calculus, 4 quarter units). Attach course descriptions. Indicate if you intend on fulfilling a GER or major requirement with the course.

| Transfer Course Subject & Catalog # | Course Title | Quarter Units | GER (if applicable) | Major Requirement (y/n) |
|-------------------------------------|--------------|---------------|---------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Signatures: You must obtain the signature of the departmental administrator authorized to certify that your plan will complete all major requirements.

| | | |
|--------------------------------------|------------|------|
| Departmental Administrator Signature | Print Name | Date |
| Student Signature | | Date |

For Registrar's Office Use Only

Approved _____ Denied _____ Postponed _____ Notified _____ P _____

Notes: