Returning Graduate Student Request to Register

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
630 Serra Street, Suite 120
Stanford, CA 94305-6032
Fax: (650) 725-7248

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_____

Department: Degree:

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

Addresses:

Permanent:

Mailing Address (if different from permanent)

Student Signature Date

05/2009