

Request to Permanently Withdraw from Degree Program

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

Instructions:

Please complete and submit this form to the Office of the University Registrar Service Windows located at 630 Serra Street, Suite 120. 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). You should discuss your plans with your department student services officer and 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)	
<input type="checkbox"/> M.A./M.S./M.F.A./M.A.T./M.L.A. _____	<input type="checkbox"/> J.D. <input type="checkbox"/> J.S.M.
<input type="checkbox"/> Engineer _____	<input type="checkbox"/> L.L.M. <input type="checkbox"/> J.S.D.
<input type="checkbox"/> Ph.D. _____	<input type="checkbox"/> M.D. <input type="checkbox"/> M.B.A.

Student Signature _____ Date _____

Signature of Departmental Graduate Studies Administrator _____ Date _____

Bechtel International Center (for F-1 and J-1 visa holders only) _____ Date _____

Registrar's Office: Signature of Graduate Degree Progress Administrator _____ Date _____