

Annulment of Summer Registration



Office of the University Registrar
630 Serra Street, Suite 120
Stanford University
Stanford, CA 94305-6032
(650) 723-2041
registrar@stanford.edu
Please type or print

Last or Family Name First Middle

Stanford Student Number (8 digits, first digit is 0) Phone Number (include area code) Email Address

Undergraduate Graduate Student Summer Visiting Student (admitted via Summer Session Office)

Instructions:

Stanford students: submit this completed form to the Office of the University Registrar Service Windows at 630 Serra Street, Suite 120.

Summer visiting students: submit this completed form to the Summer Session Office at 482 Galvez Street or fax to (650) 725-6080. If you are withdrawing from all your courses before the first day of instruction, you are eligible to receive a full refund of tuition. If you withdraw from all of your courses on or after the first day of instruction, you are eligible for a prorated refund through the first 60 percent of the quarter. After the first 60 percent of the quarter, there is no refund; see the refund schedule in the Summer Quarter Time Schedule.

I am withdrawing from all of my summer courses before the first day of instruction (form must be submitted before the first day of instruction).

I am withdrawing from all of my courses on or after the first day of instruction (pro rata refund will be based upon the refund schedule in the Summer Quarter Time Schedule). The last day that I attended classes was _____

Did you use Vaden Health Service after the start of classes? Yes No If yes, what was the last day of usage? _____

International Students

Non-immigrant international students and their dependents must maintain an appropriate visa status at all times. Additional information is available from the foreign student adviser at the Bechtel International Center. All visa holders (except H-1) must obtain a signature from the Bechtel International Center.

If you are a non-immigrant international student, indicate which visa type you hold: F-1 J-1 H-1

Signatures

By signing below, I (the student) certify that the information contained in this petition form and all supporting documentation is true and accurate. I understand that misrepresentation(s) of fact and/or circumstance(s) may give rise to a complaint being filed with the Judicial Affairs Office for investigation as possible violation(s) of the Fundamental Standard. Further, I accept any financial responsibility resulting from submission of this form. (Signatures should appear above the lines below.)

Student Signature (required) Date

Bechtel International Center Adviser (required for all F-1 and J-1 visa holders) Printed Name Date

Veteran's Benefits Officer (if applicable; see the Office of the University Registrar) Printed Name Date

Summer Session Administrator (Summer visiting students only*) Printed Name Date

*Summer visiting students should see the instructions above.

REGISTRAR USE ONLY

Refund type:

Full: _____ Prorated: _____ Effective date of refund: _____ No refund: _____