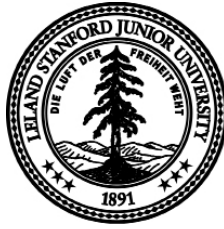


Request for Last Units Out of Residence (Undergraduates only)

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

Students may petition to complete their final 15 units out of residence to complete their degree requirements. See the transfer credit web site for policies and procedures: <http://studentaffairs.stanford.edu/registrar/students/transfer-credit>. Transcripts from the transfer credit institution must be submitted to Stanford University prior to the degree conferral date.

Form deadline: the Preliminary Study List deadline of your degree conferral quarter.

Last or Family Name	First	Middle
Stanford Student Number	Email Address	Phone

A registration status is required to graduate. Select the appropriate status below:

- Graduation Quarter: I have completed all my Stanford requirements with the exception of transfer credit I am completing out of residence. (Graduation Quarter tuition is \$100).
- Permit for Services Only: I am completing an honors thesis or clearing incompletes at Stanford in addition to completing final units out of residence. (PSO tuition in 2010-11 is \$3900 per quarter).

You must submit an application to graduate through Axess. Have you applied to graduate? Yes No

Indicate the term and year you intend to graduate _____

University or college you plan to attend and dates of attendance _____

School	From (month/year)	To (month/year)
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- Check here to have transfer credit forwarded to your school or department if you intend to use the transfer credit towards your department or school requirements. Name of department _____
- Check here if you expect to satisfy General Education Requirements with this work. Specify the requirements that you expect to meet: _____

Courses Taken Elsewhere	Stanford Course Equivalent	To be completed by evaluator ▼			
Course Number, Title	Semester/quarter/other units (circle one)	Class Number, Title	Quarter units		
				OK Units	OK GER
				OK Units	OK GER
				OK Units	OK GER
				OK Units	OK GER
				OK Units	OK GER

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
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International Students (F-1 & J-1 Visa Holders Only): Bechtel International Center Adviser Signature	Print Name	Date
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Student Signature	Date
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For Registrar's Office Use Only

Approved _____ Denied _____ Postponed _____ Notified _____ P _____