Annulment of Summer Registration

Degree-seeking Stanford students, submit to:
Student Services Center
Tresidder Memorial Union, 2nd Floor
Stanford, CA 94305-6036
fax: (650) 721-1585
http://helpsu.stanford.edu/?pcat=ssc

Summer visiting students, submit to:
Summer Session Office
Stanford University
365 Lasuen Street, Littlefield Center
Stanford, CA 94305-2078
Fax: (650) 725-6080

Please type or print

Last or Family Name | First | Middle
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Stanford Student Number (8 digits, first digit is 0) | Phone Number (include area code) | Email Address

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

International Students: Nonimmigrant students and their dependents must maintain an appropriate visa status at all times. Additional information is available from the Foreign Student Adviser at Bechtel International Center.

Are you a U.S. permanent resident? ☐ Yes ☐ No. If no, indicate visa type (e.g., J-1, F-1): ________________________________

Will you remain in the U.S. during this period? ☐ Yes ☐ No. If no, I will depart the U.S. on ________ and return on ________.

Refunds: If you are withdrawing before the first day of classes, you receive a full refund of tuition. If you are withdrawing after the start of classes, you receive a pro rated refund up to the term withdrawal deadline. After the term withdrawal deadline, there is no refund. Refund is based on last day of attendance

Enrollment: ☐ Never Attended

☐ Last Day of Attendance ________________________
  • If the last day of attendance is after the Final Study List Deadline, courses are notated with “W” on the transcript.
  • If the last day of attendance is prior to Final Study List Deadline, courses are dropped.

Signatures

By signing below, I 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 Office of Judicial Affairs for investigation as possible violation(s) of the Fundamental Standard.

Student Signature (required) | Date
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Bechtel International Center Adviser (required for all F-1 and J-1 visa holders) | Printed Name | Date
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Summer Session Administrator (Summer visiting students only*) | Printed Name | Date
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OFFICE USE ONLY

Refund type:
Full: ____________________ Prorated: ____________________ Effective date of refund: ____________________ No refund: ____________________

Status: Approved: ____________________ Denied: ____________________ Postponed: ____________________