Withdrawal of Application to Graduate

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 482 Galvez Mall, Suite 120 Stanford, CA 94305-6032

Fax: (650) 725-7248

Last or Family Name	First	Middle
		Middle
Stanford Student Number	Phone Number	Email Address
☐ Undergraduate	☐ Graduate Student	☐ Coterminal Student
Instructions		
to graduate for the quarter indicate		University Registrar to withdraw your application ou must submit a new application to graduate via ublished in the Academic Calendar.
		fficer and adviser. International students holding discuss whether filing this form will affect their
Form Deadline: Late Application I	Deadline for Degree Conferral for ap	plicable quarter. See Academic Calendar.
I am withdrawing my application	to graduate for the following degree p	program(s) (check all that apply):
Major department(s): check appropriate degree(s) and	l enter name(s) of department(s)
□ B.A.	Engineer	
□ B.S	□ D.M.A	
□ B.A.S	M.B.A	
□ M.A.	L.L.M	
□ M.S	J.D	
□ M.F.A	□ J.S.M	
☐ Ph.D	M.D	
This request is for the following qu	uarter and academic year (check one)	:
□ Autumn/_ □ N	Winter/_ Spring	/
Student Signature		Date