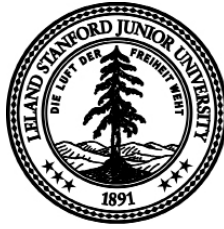


# Request for Last Units Out of Residence (Undergraduates only)

**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 Special Registration Status:* 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 2011-12 is \$4,037 per quarter).
- Concurrent Enrollment at Stanford:* A maximum of 20 units is permitted including enrollment at Stanford and the outside institution.

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)

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: Attach course description for each course	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
		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
International Students (F-1 & J-1 Visa Holders Only): Bechtel International Center Adviser Signature	Print Name	Date
Student Signature		Date

**For Registrar's Office Use Only**

Posted \_\_\_\_\_ Denied \_\_\_\_\_ Pre-Approved \_\_\_\_\_ Notified \_\_\_\_\_ GER \_\_\_\_\_ UTG \_\_\_\_\_ MMF \_\_\_\_\_ RITG \_\_\_\_\_