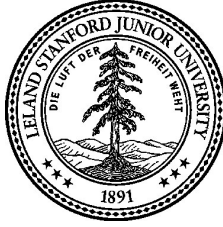


Annulment of Summer Registration

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
482 Galvez Street
Stanford, CA 94305-6079
Fax: (650) 725-6080

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 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

OR 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

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

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

OFFICE USE ONLY

Refund type:

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

Status: Approved: _____ Denied: _____ Postponed: _____