

# CERTIFICATION FOR REGISTRATION IN EXCHANGE PROGRAM

BETWEEN STANFORD UNIVERSITY & UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

This form is valid for one quarter and is due at Stanford, with the proper authorization signatures, by the end of the third week of the quarter in which you wish to enroll in the course listed below.

*Please type or print!*

NAME (LAST)			(FIRST)			(MIDDLE)			SOCIAL SECURITY NUMBER						
CURRENT MAILING ADDRESS									QUARTER FOR WHICH YOU WISH TO REGISTER AUT   WIN   SPR   Academic Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
PHONE (   )		MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>		MARRIED <input type="checkbox"/>		UNMARRIED <input type="checkbox"/>		UNSTATED <input type="checkbox"/>		BIRTHDATE		BIRTHPLACE	
COUNTRY OF CITIZENSHIP (if U.S., give state or residence)					Have you ever attended Stanford? YES   NO <input type="checkbox"/> <input type="checkbox"/>			IF YES, WHEN?		If you attended under another name, print name					
ETHNIC GROUP												ASIAN AMERICAN   BLACK   CHICANO   CAUCASIAN   HISPANIC   NATIVE AMERICAN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
HOME CAMPUS UCSF			MAJOR DEPARTMENT						Number of units for which you are enrolled at UCSF (minimum required 4 UCSF units.)						

**COURSE AT STANFORD FOR WHICH YOU ARE APPLYING** (See Stanford Time Schedule for information)

DEPARTMENT NAME	COURSE IDENTIFICATION				UNITS	COURSE TITLE	INSTRUCTOR	DAYS & TIMES
	DEPT. CODE	COURSE NO.	SUF-FIX	SEC-TION				

I request that, upon completion of the quarter specified above, an official transcript of my work at Stanford be sent without charge to the University of California, San Francisco.

STUDENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## APPROVALS

**1** \_\_\_\_\_  
 DEPARTMENTAL GRADUATE ADVISER, UC-SAN FRANCISCO  
 Dated at San Francisco on \_\_\_\_\_

**4** \_\_\_\_\_  
 DEPARTMENTAL REPRESENTATIVE, STANFORD  
 Dated at Stanford on \_\_\_\_\_

**2** \_\_\_\_\_  
 DEAN, GRADUATE DIVISION, UC-SAN FRANCISCO  
 Dated at San Francisco on \_\_\_\_\_

**5** \_\_\_\_\_  
 SPECIAL REGISTRATION ASSISTANT, STANFORD  
 Dated at Stanford on \_\_\_\_\_

**3** CERTIFICATION BY UC-SAN FRANCISCO REGISTRAR'S OFFICE:  
 Registered for current term (Department): \_\_\_\_\_  
 Dated at San Francisco on \_\_\_\_\_

Signature & Title \_\_\_\_\_

Student: After all signatures have been obtained, submit the required copies to each of the following offices:

**Original & 3 copies:**  
 Stanford University  
 Office of the Registrar  
 Old Union, Room 1  
 Stanford, CA 94305-3005

**One copy:**  
 UCSF  
 Office of the Registrar  
 500 Parnassus, MU 200W  
 San Francisco, CA 94143-0244