Student Information

All students. Please fill out entire section completely. Please type or print clearly.

Last Name, First Name, Middle Name			Social Security Number		Date of Birth
Stanford ID Number (if any)	Other Names on Records (if any)		Gender	Major (HCP students only)	Country of Citizenship
Home Address			City, State & Country of Birth		
City	State	Zip Code	Company Name		
E-Mail	Home Phone ( )		Work Address / Mail Stop		
Business Phone ( )	Business Fax ( )		City	State	Zip Code

New Enrollments

All students. **Aut** ☐ **Win** ☐ **Spr** ☐ **Sum** ☐ **Year** _____—_____

					SCPD Use Only
HCP ☐ NDO ☐ Audit ☐	Course Number	Course Title	Viewing Site	Units	SP Units
HCP ☐ NDO ☐ Audit ☐	Course Number	Course Title	Viewing Site	Units	GRW1
HCP ☐ NDO ☐ Audit ☐	Course Number	Course Title	Viewing Site	Units	Handouts
HCP ☐ NDO ☐ Audit ☐	Course Number	Course Title	Viewing Site	Units	CC : HC

Total Units ☐

Enrollment Changes

For all changes: Drop current enrollment and Add desired enrollment.

							SCPD Use Only
Add ☐ Drop ☐	HCP ☐	NDO ☐ Audit ☐	Course Number	Course Title (or reason for drop, if applicable)	Viewing Site	Units	SP Units
Add ☐ Drop ☐	HCP ☐	NDO ☐ Audit ☐	Course Number	Course Title (or reason for drop, if applicable)	Viewing Site	Units	GRW1
Add ☐ Drop ☐	HCP ☐	NDO ☐ Audit ☐	Course Number	Course Title (or reason for drop, if applicable)	Viewing Site	Units	Handouts
Add ☐ Drop ☐	HCP ☐	NDO ☐ Audit ☐	Course Number	Course Title (or reason for drop, if applicable)	Viewing Site	Units	CC : HC

Total Units After Changes ☐

Education Information

NDO students only.

Have you ever enrolled in a Stanford University course? Yes ☐ No ☐

Please list courses taken as an NCO/NDO student, if any:

Course Number	Quarter/Year	Grade	Course Number	Quarter/Year	Grade

First-time NDO students: please list colleges and universities attended, students must submit official transcripts to SCPD to complete registration.

Name	Major	Degree/Date Received	GPA

Authorization Information

All students. Payment authorization must be complete to register. Company Department Code ☐

Signature by student below indicates full acceptance of the Stanford University Honor Code. Additionally, the student grants Stanford Instructional Television Network the right to release grades received from Stanford courses to the student's Company Coordinator. Financial responsibility for all costs associated with classes is assumed by the party indicated and authorized by signature below. Student assumes financial responsibility should the Company fail to pay. Stanford University reserves the right to deny acceptance to the student based upon qualifications, as judged by Stanford Department authorities alone.

	University Fees	SCPD Fees	Company P.O. Number
Company Will Pay	☐	☐	
Student Will Pay	☐	☐	

Applicant's Signature _______________ Date

Company Authorization _______________ Date

Company Authorization _______________ Date

Stanford Departmental Approval _______________ Date

Stanford Departmental Approval _______________ Date

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