



Course Registration

Mayo Clinic Graduate School of Biomedical Sciences

Office Use Only

Student Information

Student Printed Name <i>(First, Middle, Last)</i>				Per ID
Quarter <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	Year	Your location during this quarter. <input type="checkbox"/> Rochester <input type="checkbox"/> Florida <input type="checkbox"/> Arizona	Degree Pursuing	Track

Instructions

- Complete and submit this form by the published deadline date to take graduate courses for credit during the upcoming quarter.
 - Submit completed form to Registrar at comregistrar@mayo.edu or intra-clinic mail to RO-SI-5.**
 - Contact Registrar's Office with questions at (77) 4-3627.
 - Supervisor signature required for all permanent Mayo employee registrants.
 - This form not applicable for lab rotations - use [Lab Rotation Course Registration eForm](#).**
- Late Registration Policy:** Students who wish to register for a course after the registration deadline and before the course is 50% complete, may do so by completing the Late Registration form available from the Mayo Clinic Graduate School of Biomedical Sciences internal website.

Course Withdrawal Policy: If a Withdrawal form is received in the Registrar's Office on or before 50 percent of the course is completed, the registration will be deleted from the transcript. No course withdrawals will be accepted after one-half of the course is completed.

Audit Policy: Students who wish to audit (sit in) a course, must obtain permission from the instructor. No registration is required and record of an audit is not kept by Mayo Clinic Graduate School of Biomedical Sciences.

Registration

Course Department	Course Number	Section	Course Title	Credits	Instructor Name

Signatures

Student Signature ▶	Date <i>(mm-dd-yyyy)</i>
Advisor/Graduate Program Director Signature <i>(Required for degree candidates only)</i> ▶	Advisor/Graduate Program Director Printed Name <i>(Required for degree candidates only)</i> Date <i>(mm-dd-yyyy)</i>
Mayo Supervisor Signature <i>(Required for all permanent Mayo employees)</i> ▶	Mayo Supervisor Printed Name <i>(Required for all permanent Mayo employees)</i> Date <i>(mm-dd-yyyy)</i>