



CONCENTRATION DECLARATION FORM

Each MCGSBS scholar pursuing a postdoctoral certificate or master's degree in Clinical and Translational Science may declare one of several available concentrations. Scholars use this form to declare, change, or drop a concentration. This form must be submitted prior to the close of the current registration period, otherwise the request will become effective for the next quarter in which the scholar is enrolled. Submit completed form to the CCaTS Education Programs inbox: CCATSEUCPROG@mayo.edu

Student Information

Student Printed Name (<i>First, Middle, Last</i>)		Department/Division	
Program <input type="checkbox"/> Certificate <input type="checkbox"/> Master's		Site <input type="checkbox"/> Rochester <input type="checkbox"/> Florida <input type="checkbox"/> Arizona <input type="checkbox"/> MCHS	

Action Requested

<input type="checkbox"/> I do NOT wish to declare a concentration
<input type="checkbox"/> DECLARE a concentration <input type="checkbox"/> Biomedical Ethics <input type="checkbox"/> Clinical Innovation & Entrepreneurship <input type="checkbox"/> Clinical Trials <input type="checkbox"/> Health Care Delivery <input type="checkbox"/> Individualized Medicine <input type="checkbox"/> Mixed Methods Research <input type="checkbox"/> Quantitative Research Methods
<input type="checkbox"/> CHANGE in concentration Current Concentration (change from): _____ New Concentration (change to): <input type="checkbox"/> Biomedical Ethics <input type="checkbox"/> Clinical Innovation & Entrepreneurship <input type="checkbox"/> Clinical Trials <input type="checkbox"/> Health Care Delivery <input type="checkbox"/> Individualized Medicine <input type="checkbox"/> Mixed Methods Research <input type="checkbox"/> Quantitative Research Methods
<input type="checkbox"/> DROP a concentration <input type="checkbox"/> Biomedical Ethics <input type="checkbox"/> Clinical Innovation & Entrepreneurship <input type="checkbox"/> Clinical Trials <input type="checkbox"/> Health Care Delivery <input type="checkbox"/> Individualized Medicine <input type="checkbox"/> Mixed Methods Research <input type="checkbox"/> Quantitative Research Methods

Signatures

Student Signature ▶		Date (<i>mm-dd-yyyy</i>)
Mentor Printed Name	Mentor Signature ▶	Date (<i>mm-dd-yyyy</i>)

Office Use Only

Effective Quarter <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	Effective Year
CCaTS Education Resources Staff Signature ▶	Date (<i>mm-dd-yyyy</i>)