



# Late Registration/Course Withdrawal

Mayo Graduate School

Office Use Only

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## Student Information

Student Name <i>(Print) - Last</i>		First	Middle Initial	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"/> RST <input type="checkbox"/> FLA <input type="checkbox"/> ARZ	Degree Pursuing	Track

## Instructions *(Please Read)*

<p><b>Return completed form to Registrar's Office, Siebens 5, or by fax at 6-5298</b></p> <ul style="list-style-type: none"> <li>Contact Delores Bennett, 4-3627, with questions.</li> <li>A student may register for a course for credit after the registration deadline, but before 50 percent of the course has been completed by obtaining the <b>instructor's approval and signature</b>.</li> <li>When registering for a laboratory rotation, include beginning and end dates.</li> </ul>	<ul style="list-style-type: none"> <li>Arizona or Florida Assistant Dean signature required for all course registrants in Arizona or Florida.</li> </ul> <p><b>Course Withdrawal Policy:</b> 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.</p> <p><b>Tuition Refund Policy:</b> Please refer to the Financial Aid website (<a href="http://intranet.mayo.edu/charlie/mayo-graduate-school/files/2014/01/Withdrawal-Tuition-Refund-and-Return-of-Title-IV-Funds.pdf">http://intranet.mayo.edu/charlie/mayo-graduate-school/files/2014/01/Withdrawal-Tuition-Refund-and-Return-of-Title-IV-Funds.pdf</a>) for the current policy.</p>
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## Late Registration/Withdrawal Information

Reason for late registration/withdrawal							
Drop/Add <i>(check one)</i>	Course Dept.	Course No.	Section	Course Title	Credits	Instructor Signature <i>(Required)</i>	Instructor Printed Name
<input type="checkbox"/> Drop <input type="checkbox"/> Add							
<input type="checkbox"/> Drop <input type="checkbox"/> Add							
<input type="checkbox"/> Drop <input type="checkbox"/> Add							
<input type="checkbox"/> Drop <input type="checkbox"/> Add							
<input type="checkbox"/> Drop <input type="checkbox"/> Add							

## PhD and MD-PhD Students Only

*required beginning at 3.5 years*

Formal Thesis Proposal Presentation Date <i>(Month DD, YYYY)</i>	<b>OR</b>	Last Thesis Progress Meeting Date <i>(Month DD, YYYY)</i>
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Advisor Signature Required

## Signature(s)

Student Signature <i>(Required)</i>	Date <i>(Month DD, YYYY)</i>
Advisor/Graduate Program Director Signature <i>(Required for degree candidates only)</i>	Date <i>(Month DD, YYYY)</i>
ARZ or FLA Assistant Dean Signature <i>(Required for all ARZ and FLA registrations)</i>	Date <i>(Month DD, YYYY)</i>