



# Course Registration

## Mayo Graduate School

Office Use Only

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### Student Information

Student Name (Print) - Last		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

<ul style="list-style-type: none"> <li>Complete and submit this form by the published deadline date to take graduate courses for credit during the upcoming quarter.</li> <li><b>Return completed form to Registrar's Office, Siebens 5, or by fax at 6-5298.</b></li> <li>Contact Delores Bennett, 4-3627, with questions.</li> <li>Supervisor signature required for all permanent Mayo employee registrants.</li> <li><b>When registering for a laboratory rotation, include beginning and end dates.</b></li> <li>Arizona or Florida Assistant Dean signature required for all course registrants in Arizona or Florida.</li> </ul>	<p><b>Late Registration Policy:</b> 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 Graduate School internal website.</p> <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>Audit Policy:</b> Students who wish to audit (sit in) a course, must obtain permission from the instructor. No record of an audit is required or kept by Mayo Graduate School.</p>
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### Registration

Course Department	Course Number	Section	Course Title - if Laboratory rotation, include beginning and end dates	Credits	Instructor Name

### PhD and MD-PhD Students Only

required beginning at 3.5 years

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

### Signature(s)

Student Signature (Required)	Date (Month DD, YYYY)
Advisor/Graduate Program Director Signature (Required for degree candidates only)	Date (Month DD, YYYY)
ARZ or FLA Assistant Dean Signature (Required for all ARZ and FLA registrations)	Date (Month DD, YYYY)
Mayo Supervisor Signature (Required for all permanent Mayo employees)	Date (Month DD, YYYY)