

Program Fee Agreement Form

Mayo Clinic Graduate School of Biomedical Sciences



Purpose: Acknowledgement of funding source applicant has secured if accepted into MCGSBS Program. A non-refundable program fee is due at time of start of program. The fee cannot be paid directly by the scholar, rather but must covered by one of the following:

1. Cost transfer through an existing Mayo Clinic PAU, e.g. pd. by Dept./Division/Lab, etc.
2. Funding provided by [Career Investment Program \(CIP\)](#), if eligible

Instructions: Complete form and upload in Supplement Documents after application is submitted.

Applicant Information

Applicant name in full:

Program applied to:

- Certificate
- Postdoctoral Masters
- Employee-Professional Masters

Track applied to (e.g. BMB, CTSC, etc.):

Start of training program:

(mm/yyyy)

Financial Support

Select your source of funding:

1. **Mayo Clinic PAU Cost Transfer**
 - a. Program Fee: \$
 - b. Name of funding source:
 - c. Co/PAU Number:
 - d. Activity Number:

Signatures (Required)

Administrator Name:	Administrator Signature:	Date Signed: (mm/dd/yyyy)
Dept./Div. Chair Name:	Dept./Div. Chair Signature:	Date Signed: (mm/dd/yyyy)

2. **Career Investment Program**
Date of CIP approval:
3. **No funding secured at this time**

By signing below, I attest that all information provided above is accurate and understand that if accepted into the program, the funding source above will be charged a non-refundable program fee on start date of the program.

Student Signature:	Date Signed: (mm/dd/yyyy)
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