



**Late Registration/Course Withdrawal**  
**Mayo Clinic Graduate School of Biomedical Sciences**

Office Use Only

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**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**

<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 Registrar's Office with questions at (77) 4-3627.</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>This form not applicable for lab rotations - use <a href="#">Lab Rotation Course Registration eForm</a>.</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 <a href="#">Withdrawal and Tuition Refund Policy</a> for the current policy.</p>
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**Late Registration/Withdrawal Information**

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							

Reason for late registration/withdrawal
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**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>