

## REGISTRATION REQUEST

for Mayo Clinic School of Health Sciences students

**DIRECTIONS**—By registering for classes you enter into a legally-binding contract to pay all tuition and fees, including any non-refundable fees. See tuition and fee rates at onestop.r.umn.edu/finances/estimating-your-costs for additional information.

You must complete all fields with an asterisk (\*) in PART 1, for identification, admission, and academic records purposes. The remaining fields are used for positive identification, advising, course placement, and institutional research. Data privacy information is available at onestop.r.umn.edu/grades\_and\_transcripts/student\_records\_privacy.

To ensure privacy online, open in Adobe Reader (free at Adobe.com).

PART 1. Student Background									
University ID or Social Security number		*Name (last, first, middle initial)							
Birthdate (mm/dd/yyyy)	*Former name (last, first, middle initial)			Phone (include area code)					
*Current address (street, apartment number or P.O. box number, city, state zip code, country)				Email address					
Term <input type="checkbox"/> fall semester <input type="checkbox"/> spring semester <input type="checkbox"/> May/summer term			Year 20__ __	Gender <input type="checkbox"/> male <input type="checkbox"/> female					
College of enrollment or degree program (if currently admitted)				Enrollment status (check one) <input type="checkbox"/> undergraduate <input type="checkbox"/> graduate					
PART 2. Enrollment									
<b>REGISTRATION</b> —Register for classes by completing the information requested below. Include second-choice classes in case your first choices have closed. You may check class availability online at onestop.umn.edu/registration/prepare/selection_tools/.									
<b>First choice</b>			<b>Second choice</b>						
Course subject, number, section (Arts 1101-001)	5-digit class number	Credits	Grade basis A-F or S/N	Permission number (if required)	Course subject, number, section (Arts 1101-001)	5-digit class number	Credits	Grade basis A-F or S/N	Permission number (if required)
PART 3. Certification									
I understand that if I choose to withdraw from course(s) after the cancel deadline has passed, I will receive a 'W' on my transcript and will still be responsible for any tuition costs. I understand I will receive no credit for courses for which I have selected an audit grading option. I also understand that if I elect to use these audited courses at another college or university, they are subject to the transfer policies of that institution. <b>By signing below I authorize the University of Minnesota-Rochester to send my official transcript to the Mayo Clinic School of Health Sciences.</b>									
Signature					Date				

To request copies of this form in an alternative format, please call the Disabilities Services liaison at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.



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