

Clinical Research Coordinator Program

MSHS Course Withdrawal

Student Information

Student Name – <i>Last</i>	<i>First</i>	<i>Middle Initial</i>	Per ID
Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year	Degree Pursing	

Instructions

- Student withdrawing from Mayo School of Health Sciences (MSHS) courses may be eligible to receive a full or partial refund, subject to the [Tuition Refund Policy](#).
- Completed forms should be returned to Aleisha Chappell, Plummer 3, Mayo Clinic, 200 First Street SW, Rochester, MN 55905; or by fax to: (507) 266-4502
- Questions? Contact Aleisha Chappell by phone: (507) 255-7081 or email: chappell.aleisha@mayo.edu
- On-time registration** – Please use the Course Registration Form.
- Late registration** – Please use the Late Registration Form.

Withdrawal – Course Information

Reason for course withdrawal:		
Course Number	Course Title	Number of Credits

Signature

Student Signature (Required)	Signature Date
Program Director Signature	Signature Date
Instructor Signature	Signature Date