



# Weill Cornell Medicine

## Graduate School of Medical Sciences

A partnership with the Sloan Kettering Institute

### Application for Non-Degree Student

**PERSONAL DATA:**

Full Legal Name: \_\_\_\_\_  
Last First Middle

Previous/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Female  Male

Citizenship:  U.S. Citizen  
 Non-U.S. Citizen: Country of Citizenship \_\_\_\_\_  
 Non-U.S. Citizen on Permanent Status: Perm Resident # \_\_\_\_\_ Date Issued \_\_\_\_\_

Ethnicity (optional):  Hispanic/Latino  Non-Hispanic/Latino

Race (optional):  American Indian/Alaskan Native  Asian  Black/African American  Native Hawaiian/Pacific Islander  White

**CONTACT INFORMATION:**

Permanent Address: \_\_\_\_\_ E-mail (Weill Cornell e-mail preferred): \_\_\_\_\_  
 \_\_\_\_\_ CWID (if known): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**EMPLOYMENT/ACADEMIC AFFILIATION:**

- Cornell - Ithaca Student
- Cornell - Tech Student
- Other Student      Academic Institution: \_\_\_\_\_
- WCM Employee      Current Position: \_\_\_\_\_
- Other      Employer: \_\_\_\_\_
- WCM Post-Doc      Current Lab: \_\_\_\_\_

**ENROLLMENT OBJECTIVES:**

Date Entry: Year/Date \_\_\_\_\_ Quarter/Term \_\_\_\_\_

- Program Approval:**  BCMB Allied Programs  Physiology, Biophysics & Systems Biology  
 Immunology & Microbial Pathogenesis  Tri-Institutional Program in Computational Biology & Medicine  
 Neuroscience  Tri-Institutional Program in Chemical Biology  
 Pharmacology

**REGISTRATION:**

Course Code: \_\_\_\_\_ Course Code: \_\_\_\_\_ Course Code: \_\_\_\_\_

\_\_\_\_\_ **Course Director Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_