



**Weill Cornell Medicine**

Graduate School of  
Medical Sciences

A partnership with the Sloan Kettering Institute

## Application for Non-Degree Student

Name: \_\_\_\_\_  
Last First Middle

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

Date of Birth: \_\_\_\_\_ Gender (Optional): \_\_\_\_\_

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: \_\_\_\_\_  
Street and Number City State Zip

Telephone Number: \_\_\_\_\_ Email Address (Weill Cornell Email Preferred): \_\_\_\_\_

CWID (if known): \_\_\_\_\_

In case of emergency, indicate the person you request the school to contact.

Name: \_\_\_\_\_  
Last First Relationship Telephone Number

Is their mailing address the same as yours?  Yes  No

Address: \_\_\_\_\_  
Street and Number City State Zip

