

Cornell University Graduate Linkage (CUGL) Program

A program jointly administered by Weill Cornell Medical College (WCMC) and Graduate School of Medical Sciences (WCGS) and Cornell University Graduate School (CU-I).

The goals of the Cornell University Graduate Linkage (CUGL) program are to:

- **Short-Term Program** (1 or 2 semesters): enable students from either campus to spend one or two semesters on the other campus, learning skills or working with specific faculty, much in the spirit of a laboratory rotation.
- **Long-Term Program** (more than 2 semesters): enable students from either campus to spend more than two semesters on the other campus in order to engage in a research project with specific faculty members from the other campus. A student's primary mentorship and research emphasis is expected to remain at the home campus (i.e., this is not designed to be a *de facto* transfer). All participants in the Long-Term Program will be required to submit an annual report to the CUGL Program to request approval for continued participation.

1. Eligibility and Application Procedure

Eligibility:

- A student must be ***in good academic standing*** enrolled in full-time Ph.D. graduate studies at CU-I or WCGS, with a full thesis committee having passed the requirements to pursue full-time dissertation work.
- A WCGS, WCMC, or CU-I host-faculty sponsor must be designated and will be responsible for the student during his/her residence at the host campus. Both the host-faculty sponsor and the home-faculty advisor need to sign the application form.
- **For the Long-Term Program only**, a student must have an approved plan to meet all PhD requirements. For Cornell-Ithaca students, the plan must specifically identify the special committee and described the anticipated timeline for study at Weill.

Application Documents- The CUGL application is below. It contains a list of required attachments, which must be bundled together with the application as a single PDF.

Notification Requirements:

- A minimum of one semester's notification is required to participate in the CUGL program.
- After submission of the application and related documents, the student will be advised of his or her acceptance into the CUGL program.
- Students and their advisors on both campuses should review the CUGL Post-Acceptance Student Procedures.

Application Procedure:

For CU-I students, send application, supportive documents, and copy of transcript, as a single bundled PDF to:

Jason Kahabka
Associate Dean
Cornell University Graduate School, 143 Caldwell Hall
Ithaca, NY 14853 Tel: 607-255-5810 Fax: 607-255-5822
email: jek15@cornell.edu

For WCGS students, send application, supportive documents, and copy of transcript, as a single bundled PDF to:

Randi Silver, PhD
Associate Dean, Academic Affairs
Weill Cornell Graduate School, 1300 York Ave., A 128
email: rbsilve@med.cornell.edu

2. Registration and *in-absentia* Fees

Ithaca CUGL students must register through the Department Administrator of the host-faculty sponsor's Weill Cornell department as a *Visiting Graduate Student*.

During the duration of their residence, CU-I Linkage students will be required to register *in absentia* with the Graduate School (CU-I). CU-I students approved for CUGL will be charged *in absentia* fees of \$200 per semester. The *in-absentia* fees for CU-I CUGL students will be paid by the student or the PI. CU-I tuition will not be charged to CU-I students in WCM as part of the CUGL Program.

3. Security and Identification Cards

CUGL students should obtain host campus ID cards to facilitate access to all host campus services and buildings. This should be done as part of the process of registering as a Visiting Graduate Student through HR.

In an emergency, WCM and CU-I need to be able to reach all students on and off campus. Please always maintain an updated cell phone number and alternate email address.

CORNELL UNIVERSITY GRADUATE LINKAGE PROGRAM APPLICATION

*This application is for full-time graduate students at the Cornell University Graduate School in Ithaca (CU-I) and the Weill Cornell Graduate School of Medical Sciences (WCGSMS) in New York City who wish to spend one or two semesters of their training on the other campus. **Please complete the following form electronically.***

Name _____
(First) (Middle) (Last) Previous name (if applicable)

Cornell Net ID or WCM CWID: _____ Date of Birth (MM/DD/YYYY): _____ Gender: ☐ Male ☐ Female

Degree Program: _____ Home Campus (Ithaca or NYC): _____ Program/Field: _____

Address

(Street address) (City) (State) (Zip Code)

Cell phone number _____ E-mail _____

Name, relationship, and phone number for a person to contact in case of an emergency:

Proposed Begin Date for CUGL Program: _____ Expected End Date for CUGL Program: _____

Program Advisor Information: Major AND Host Advisors

	Major Advisor Home Campus	Advisor Host Campus
Location (Ithaca or NYC)		
Advisor (first, last name)		
Program/Field		
Phone Number		
Email Address		

Attachments. (All attachments must be bundled into a single PDF document with the application)

1. The student applying should briefly describe his/her plan for undertaking the CUGL Program.
2. Letter from the Major Advisor on the home campus summarizing the rationale for this student's participation in the CUGL program and confirm that the student is in good academic standing.
3. Letter from the host campus advisor stating the objective and documenting the training plan, including supervising plan for the student during the program.

Citizenship _____

If not a U.S. Citizen, are you a permanent resident?

☐

Yes

☐

No

If yes, alien registration number: _____

If no, which type of visa do you or will you hold? _____

4. Unofficial student transcript

CUGL PROGRAM SIGNATURE PAGE

Student

I certify that the information contained in this application and the statement of purpose and in any supporting documents is complete and accurate, and I understand that submission of inaccurate information may be sufficient cause for denial of transfer or termination of enrollment,

_____ <i>Student name</i>	_____ <i>Student signature</i>	_____ <i>Date</i>
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Home Campus Field Chair or Major Advisor

Home campus faculty (Field Chair or Major Advisor) need to be familiar with the program policies described herein and in the CUGL Acceptance Procedures.

I certify that I am the Field Chair or major advisor for the student named above, that I have read and understood the policies and procedures governing the CUGL program and that I will advise the student identified above as needed during his or her participation in this inter-campus program.

_____ <i>Faculty name</i>	_____ <i>Faculty signature</i>	_____ <i>Date</i>
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Please indicate whether you are assuming the financial responsibility for this student during the Linkage term

☐

Yes

☐

No

Comments (optional; beyond what is written in the required letter attachment):

Host Campus Advisor

Sponsoring faculty advisors need to be familiar with the program policies described herein and in the CUGL Acceptance Procedures.

I certify that I am the host campus advisor for the student named above, that I have read and understood the policies and procedures governing the CUGL program and that I will advise the student identified above as needed during his or her participation in this inter-campus program.

_____ <i>Faculty name</i>	_____ <i>Faculty signature</i>	_____ <i>Date</i>
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Please indicate whether you are assuming the financial responsibility for this student during the Linkage term:

☐ Yes ☐ No

Approvals

Signatures from the following individuals, all of which are required, indicate approval of the CUGL arrangement for this student.

_____ Home Campus Field Chair or Program Director name	_____ Signature	_____ Date
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_____ Home Campus Graduate School Dean or signing authority name	_____ Signature	_____ Date
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_____ Host Campus Graduate School Dean or signing authority name	_____ Signature	_____ Date
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