



**TRI-INSTITUTIONAL TRAINING PROGRAM IN  
COMPUTATIONAL BIOLOGY & MEDICINE**

**COURSE APPROVAL FORM**

**CBM students:** After discussing your plans with your academic advisor, please complete this form and send it to the CBM Program Coordinator in NYC or Ithaca (depending on where you are taking classes). The Program Coordinator will then forward this form to the CBM Program Director for approval. **Do NOT register for classes without prior approval from the CBM Program Director.** Thank you.

Student's Name \_\_\_\_\_ Year of Entry in Program \_\_\_\_\_

Institution where you will be taking courses \_\_\_\_\_ Semester and Year \_\_\_\_\_

Department	Course Name & Number of Credits	Approval Signature (print name in lieu of signature for electronic filing)

**Students taking courses at Cornell University-Ithaca, NY:**

Return this form to Carly Ferguson Hills, Graduate Field Coordinator, by email at [ctf8@cornell.edu](mailto:ctf8@cornell.edu) or fax to 607-255-4698.

**Students taking courses at Weill Cornell Medical College or Memorial Sloan Kettering:**

Return this form to Margie Hinonangan-Mendoza, CBM Program Coordinator, by email at [mah2036@med.cornell.edu](mailto:mah2036@med.cornell.edu) or fax to 212-746-8992.

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