



Weill Cornell Graduate School of Medical Sciences

MD/PhD Intent to Enroll

All MD/PhD students who will be finishing the second year of the MD program and will be entering into the PhD program will need to complete this form and return to the Weill Cornell Medical School Office of the Registrar (1300 York Ave. Room C-118).

Full Legal Name (Last, First, Middle) _____

CWID _____

ENROLLMENT OBJECTIVES:

Which Graduate School/Institution do you intent to enroll:

- Weill Cornell Graduate School (WCGS) Gerstner Sloan-Kettering Graduate School Rockefeller University
- Undecided at this time (*once you have decided please contact the Registrar's Office*)

Student who will be enrolling in Weill Cornell Graduate School please provide the following information.

Major Sponsor: _____

Co-Major Sponsor (if applicable): _____

Graduate Program:

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

A confirmation email will be sent that will include contact information of your Program Coordinator. You will need to reach out to your Program Coordinator to discuss degree requirements set by Graduate Program.

Signature

Date