Weill Cornell Graduate School of Medical Sciences (WCGS)

City University of New York (CUNY) – Graduate Center

Course Exchange Program

The Weill Cornell Graduate School of Medical Sciences and the CUNY Graduate Center have agreed to allow doctoral students the ability to register for courses at each other’s institutions, free of charge. Below is the process for accessing approved exchange program courses.

WCGS Contact: Office of the Registrar, registrar@med.cornell.edu, 1300 York Ave Room C-114

Course Registration Procedure

1) Determine if the course of interest is available through the exchange program by going to the following link and conducting a search: https://globalsearch.cuny.edu/CFGlobalsSearchTool/search.jsp

2) If the course of interest is available, print out a copy of the Class Schedule List and begin the process of completing the Inter-University Registration Form (attached). The Inter-University Registration Form needs to be signed/approved by your Program Director(s) and your Program Coordinator.

NOTE: If the course of interest is meant to substitute a program course requirement, the student must have formal approval from the Program Director that the CUNY course satisfies said requirement. The formal approval can be made on the Inter-University Registration Form by including the course title and number in the Weill Cornell Approval section.

3) Once all signatures from WCGS are collected, submit the form to the Office of the Registrar (WCGS Registrar is located in C-114). The application will be processed and forwarded to CUNY for their review. The CUNY Registrar will contact the student and determine next steps. It may be that the student will need to schedule an appointment to meet with the CUNY Registrar and/or the Department or course instructor. CUNY paperwork will need to be completed in order to register for the course and obtain a CUNY ID card.

4) Once the course is complete, it is the responsibility of the student to have a final CUNY transcript sent to the WCGS Office of the Registrar. The Registrar must receive a copy of the CUNY transcript in order for the course to be transferring to WCGS.

All questions should be directed to WCMC Assistant Registrar – Graduate School.
Inter-University Registration Form
Weill Cornell Graduate School of Medical Sciences/CUNY Graduate Center

To be eligible, students must have been matriculated, in good academic standing, and completed at least one academic year prior to participation in this program. All courses must be Graduate level.

Student Information (Please Print):

Name: _______________________________ DOB: ___/___/____
   Last. First MI MM DD YEAR

Address: _______________________________________________________________

WCGS Email: ___________________________ Phone: _________________________

SSN: ___________________________
   (Your SSN is required by CUNY for access to student ID, building access and library privileges)

Weill Cornell Approval (to be completed by Program Director):

Student is in good standing and has completed one full academic year?  □ Yes □ No

Academic Program: ______________________________________________________

Program Director Signature ____________________________________________ Date __________

Program Coordinator Signature __________________________________________ Date __________

WCGS Course substitution: ______________________________________________

CUNY Information:
To be complete by student. Please attached a copy of Class of Schedule that has CUNY Graduate School course general information.

CUNY Campus: _________________________________________________________

Course Code __________________________ Credits ________________

Course Title ___________________________________________________________

Course Instructor: ______________________________________________________

Instructor Approval/Signature (if applicable) ____________________________________

I authorize the release of my academic transcript to the Weill Cornell registrar after the final grade has been posted to my record.

Student Signature ______________________________________ Date: __________