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 committee.
- 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 address meeting the required six registration units for the PhD. (A registration unit equates to one semester of full-time study satisfactorily completed. Of the six registration units, 4 must be earned through full-time registration with the Ithaca campus with corresponding full tuition charges.)

**Application Documents**- The CUCL 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 CUCL program.
- After submission of the application and related documents, the student will be advised of his or her acceptance into the CUCL program.
- Students and their advisors on both campuses should review the CUCL Post-Acceptance Student Procedures. Please go to the [intercampus website](#) to obtain a copy of these procedures and to review them as part of this application process.
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
e-mail: jek15@cornell.edu

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

David Christini, PhD
Vice Dean
Weill Cornell Graduate School, A-131 York Ave.
e-mail: dchristi@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 Assistant.

During the duration of their residence, CU-I Linkage students will be required to register in absentia from the Graduate Field (CU-I) in which they belong. CU-I students must submit an in-absentia petition to the Graduate School’s Registrar in 143 Caldwell Hall. 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 Assistant through HR.

In an emergency, the security offices need to be able to reach all students visiting the other campus. In order to do so, they need to be updated on changes in email addresses and cell phone numbers. So please remember to update Security with any changes.
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.

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

Cornell Net ID or WCM CWID:________
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

<table>
<thead>
<tr>
<th>Location (Ithaca or NYC)</th>
<th>Major Advisor Home Campus</th>
<th>Advisor Host Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisor (first, last name)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program/Field</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.*

_________________________  ______________________  ________________
Student name                  Student signature            Date

**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 CUCL 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 CUCL program and that I will advise the student identified above as needed during his or her participation in this inter-campus program.*

_________________________  ______________________  ________________
Faculty name                  Faculty signature            Date

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.

_________________________________  ___________________________________  __________
Faculty name  Faculty signature  Date

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

_________________________________  __________
Home Campus Graduate School Dean or signing authority name  Signature  Date

_________________________________  __________
Host Campus Graduate School Dean or signing authority name  Signature  Date