

## **APPLICATION FOR CHANGE OF ENROLLMENT TO ANOTHER CAMPUS**

First name

Middle initial

This application is for Tri-Institutional Program students in Chemical Biology or Computational Biology & Medicine, who wish to change to a different Tri-Institutional Campus to conduct their thesis research in accordance with the policies and procedures of the Tri-Institutional Graduate Programs.

The Graduate School will send this application and a

## **BIOGRAPHICAL INFORMATION**

Last name

copy of your permanent file to either the Joan and Sanford I. Weill Graduate School of Medical Sciences or the Graduate School of the Rockefeller University.	Cornell ID number		e-	e-mail address	
You may submit additional information to supplement the documents in your permanent file. Currently enrolled students may e-mail questions to	Mailing address (must be valid for two months)		5	Street	
grad_registrar@cornell.edu.  Only one Change of Enrollment form may be	City	State/Province	Zip/postal code	Country	
submitted; multiple applications will not be processed.	Phone (include countr	y and city codes where applic	cable)		
	T Thome (alculus counts)	y and etty codes where applic			
FIELD/DEGREE INFORMA	TION				
Current or former status		Requested sta	atus		
Term/year last registered		Effective term/ye	ar		
		☐ Rockefeller University Graduate School			
☐ Computational Biology & Medicine (CBM)		☐ Weill Graduate School of Medical Sciences Tri-Institutional			
Degree program		Degree program			
If degree earned, date of conferral					
	_				
FOREIGN STUDENTS AND PERMANENT RESIDENTS					
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<b>IMPORTANT:</b> In order to maintain your legal student at all times. If you have questions re B50 Caldwell Hall.					
If not a U.S. citizen, are you a permanent res	sident? 🗆 Yes 🗆	l No			
If yes, alien registration number					
If no, what type visa do you or will you hole	d?				
If you require an F1 or J1 visa, it will be necessaccompanied by dependents, you must procountry of birth, and relationship to you of	vide evidence of su	ıfficient financial reso			
Will you be accompanied by dependents?	☐ Yes ☐ No				
STATEMENT OF PURPOSE	Ξ				
If you are seeking transfer to either the Rock Training Programs, please attach a separate					
I certify that the information contained in this appl understand that submission of inaccurate informati				te and accurate, and I	
Student Signature		Date			