

# 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 thesis committee having passed the requirements to pursue full-time dissertation work.
- 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 identify the special committee and described the anticipated timeline for study at Weill.

**Application Documents-** The CUGL 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 CUGL program.
- After submission of the application and related documents, the student will be advised of his or her acceptance into the CUGL program.
- Students and their advisors on both campuses should review the CUGL 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  
email: jek15@cornell.edu

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

Randi Silver, PhD  
Associate Dean, Academic Affairs  
Weill Cornell Graduate School, 1300 York Ave., A 128  
email: rbsilve@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 Student*.

During the duration of their residence, CU-I Linkage students will be required to register *in absentia* with the Graduate School (CU-I). 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 Student through HR.

In an emergency, WCM and CU-I need to be able to reach all students on and off campus. Please always maintain an updated cell phone number and alternate email address.

**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. Please complete the following form electronically.*

Name \_\_\_\_\_  
 (First) (Middle) (Last) Previous name (if applicable)

Cornell Net ID or WCM CWID: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

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**

	<b>Major Advisor Home Campus</b>	<b>Advisor Host Campus</b>
<b>Location (Ithaca or NYC)</b>		
<b>Advisor (first, last name)</b>		
<b>Program/Field</b>		
<b>Phone Number</b>		
<b>Email Address</b>		

**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 CUGL 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 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

**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