Weill Cornell Medicine
Graduate School
of Medical Sciences

Long-Term Linkage Program Annual Report

Name_____
        (First)   (Middle)   (Last)

Cornell Net ID or WCM CWID: _____   Email Address: _____

Current
Address_____

Phone_____

Emergency Contact_____
               (Name)   (Relationship)   (Phone Number)

Degree Program:_____ Home Campus (Ithaca or NYC): _____ Program/Field: _____

Start Date of Reporting Period: _____
End Date of Reporting Period: _____

Were the training goals outlined in your previous report (or original application if this is your first annual report) achieved? If so, how? If not, why not?

Please describe what you have accomplished during this reporting period.

How long are you requesting Linkage program continuation?

What are your training goals for that training period?

When do you project defending your PhD? Is this an estimate or a scheduled date?
Date: _____

☐ Estimated   ☐ Scheduled

Home Advisor Comments (Mandatory)

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[                                                            ]
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Host Advisor Comments (Mandatory)

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[                                                            ]
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Approvals

Signatures from the following individuals, all of which are required, indicated approval of the CUGL arrangement for this student.

_____
Host Advisor name   Signature   Date

_____
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

Email completed form to gradstudserv@cornell.edu