

Computational Biology & Medicine

COURSE APPROVAL FORM

CBM students: After discussing your plans with your academic advisor, please complete this form and send it to the CBM Program Administrator, Margie H. Mendoza at mah2036@med.cornell.edu and CBM Program Director, Christina Leslie at cleslie@cbio.mskcc.org. Please **Do NOT register for classes without prior approval from the CBM Program Director.** Thank you.

Student's Name _____ Year of Entry in Program _____

Institution	Department	Course Name & Number of Credits	Academic Advisor Approval (please sign)

Student/Faculty Comments:

Director Comments:

___ The courses and laboratory rotations above are approved.

Christina Leslie, CBM Program Director

Date