

# 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 Assistant, Anna Rejno at [anr4028@med.cornell.edu](mailto:anr4028@med.cornell.edu) and CBM Program Director, Iman Hajirasouliha at [imh2003@med.cornell.edu](mailto:imh2003@med.cornell.edu) 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

Iman Hajirasouliha, CBM Program Director

Date