GRADUATE SCHOOL ENROLLMENT IN MEDICAL SCHOOL COURSES REQUEST FORM

Return form to:

Registrar One Gustave L. Levy Place Annenberg Building Room 12-70 Box 1257 New York, NY 10029-6574



Phone: (212) 241-6691 Facsimile: (212) 369-6013 E-mail: Registrar@mssm.edu

Permission is required for students in the Graduate School of Biomedical Sciences to enroll in medical school courses. Enrollment is only permitted in certain Year 1 Medical School courses. These medical school courses are graded as Pass/Fail. Once enrolled in a course, MSBS students are expected to complete the course in its entirety.

SUBMITTING THIS FORM: Students should submit this form to the Registrar at the above address, after obtaining all required signatures.

DEADLINES FOR REQUESTS: This form, with all required signatures, is due as follows:

Deadlines for Academic Year 2015-16	
COURSE	DEADLINE
Physiology	October 31, 2015
Immunology	October 31, 2015
Medical Microbiology	January 31, 2016

Created: August 2013



Registrar

Icahn School of Medicine at Mount Sinai One Gustave L. Levy Place, Box 1257 New York, NY 10029-6574 Tel: (212) 241-6691 Fax: (212) 369-6013 registrar@mssm.edu

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STUDENT INFORMATION			
Student Name (First, Middle Initial, Last)		Life Number	
Telephone Number	Alternate Telephone Number		
ISMMS Email:	Alternate Email		
Program	,		
REQUESTED YEAR 1 COURSE(S)			
Physiology			
☐ Immunology			
Medical Microbiology			
STUDENT SIGNATURE			
Student Signature	 Date		
Student Signature	Date		
REQUIRED SIGNATURES			
Please submit this form to the Associate Dean, Graduate School of initial approval. Once you have been approved, you will be require			
Basil Hanss, Associate Dean, Graduate School of Biomedical Sci	ences	Date	
ADDITIONAL REQUIRED SIGNATURES			
Office of Curriculum Support (OCS): Tami Williams Annenberg 13-40	Date		
Registrar: Nelson Pe / Luke Phillips Annenberg 12-70	Date		