

THE COOPER UNION SCHOOL OF ENGINEERING AND ICAHN SCHOOL OF MEDICINE AT MT. SINAI COURSE EXCHANGE STUDENT APPLICATION

Date: _____

Last Name _____ **First** _____ **Middle** _____

Home Institution _____ **Major** _____ **Year of Study** _____

Address _____ **E-mail address** _____

Home telephone number _____ **Mobile number** _____

Person to contact in emergency _____ **Relationship** _____ **How to contact** _____

A. Course Selection (A student may take up to two (2) courses per year)

Course Number	Course Name	Semester, Year
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Course #1:
Pre-Requisite/Co-Requisite Satisfaction Information: (Use extra page if needed)

Course Number	Course Name	Semester, Year
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Course #2:
Pre-Requisite/Co-Requisite Satisfaction Information: (Use extra page if needed)

B. Approval

CU and ISMMS students must receive signature from Course Director/Faculty Member of class they wish to take.

- CU students – please attach completed and signed “Transfer of Credits From Elsewhere Form.”
- ISMMS students – please receive approval signatures from your:

Faculty Advisor /Department Chair

(Signature, Date)

(Printed)

Dean/Assoc. Dean

(Signature, Date)

(Printed)

C. Please attach a copy of your latest transcript.

Please do not mark in this box.	
<input type="checkbox"/> Approved course #1 <input type="checkbox"/> Approved Course #2 <input type="checkbox"/> Not approved	Signature: _____ Date: _____