

Weill Cornell Medical College

**Independent Elective at WCMC
2008-2009**

IND.801.WC

Student Name: _____

Class of: _____

Descriptive Title of Elective: _____

Exact Start/End Dates of Elective _____ No. Weeks: _____

Sponsor's Name: _____

Do you plan on having this fulfill the *Advanced Basic Science Requirement*? _____
(If so, please also attach the blue ABS form)

Please indicate when you plan to do this in the table below.

Module		A	B	C	D	E	F	G	H	I	J	K	L
WEEK NUMBER:		0801	0808	0809	0813	0817	0821	0825	0829	0833	0837	0841	0845
DATES:		July 7- Aug 1	Aug 4 - Aug 29	Sept 1- Sept 26	Sept 29- Oct 24	Oct 27- Nov 21	Nov 24- Dec 19	Jan 5- Jan 30	Feb. 2- Feb 27	Mar 2- Mar 27	Apr. 6- May 1	May 4- May 29	June 1- June 26
(check boxes)	4 wks												
	2 wks												

Brief Description:

(Step 1) Sponsor's Name: _____

Sponsor's Signature: _____ Date: _____

(Step 2) Advisor's Signature: _____ Date: _____

(Step 3) Sr. Associate Dean's Signature: _____ Date: _____

Please Return to
Registrar
Office of Academic Affairs, C-118
1300 York Avenue, New York, NY 10065

Please note: this course MUST appear in your schedule in course scheduler.