



**Cooper Union School of Engineering &  
Icahn School of Medicine at Mount  
Sinai (ISMMS) Graduate School of  
Biomedical Sciences Course Exchange  
Student Application**



**Icahn  
School of  
Medicine at  
Mount  
Sinai**

Office of the Registrar

30 Cooper Square, 3rd Floor

New York, NY 10003

Phone 212.353.4124

E-mail: [registrar@cooper.edu](mailto:registrar@cooper.edu)

STUDENT INFORMATION**				
Student Name Last:		Student Name First:		Student Name Middle:
School Email Address:		ID Number:	DOB: (MM/DD/YYYY)	Major:
<b>Major: (check one)</b> <input type="checkbox"/> Chemical Engineering <input type="checkbox"/> Civil Engineering <input type="checkbox"/> Mechanical Engineering <input type="checkbox"/> Electrical Engineering <input type="checkbox"/> General Engineering				
<b>Home Address:</b>				
Street:		City:	ZIP:	
Phone:				
<b>Emergency Contact, Name and Address:</b>				
		City:	ZIP:	
Phone:		Email:		
COURSE INFORMATION: (A STUDENT MAY TAKE UP TO TWO (2) COURSES PER YEAR)				
Semester	ISMMS Course #:	Course Title:		Credits:
Comments/Pre-Requisite(or equivalent)/Co-Requisite Satisfaction				
APPROVALS:				
<b>Cooper Union Master's students must receive approval from:</b>				
1) Course Director/Faculty Member of the Class they wish to take (Attach email permission when submitting form)				
2) Faculty Advisor / Department Chair				
3) Dean/Associate Dean				
Faculty Advisor / Department Chair		Date:	Dean or Associate Dean:	Date:
Print Name:			Print Name:	
Signature:			Signature:	

**\*\*To complete your submission\*\*:**

Please submit this completed form, along with forwarded course instructor approval email, the Course Credit Transfer form and a copy of your transcript to [oliver.medvedik@cooper.edu](mailto:oliver.medvedik@cooper.edu) and [jennifer.weiser@cooper.edu](mailto:jennifer.weiser@cooper.edu). An official transcript will be sent to the ISMMS Registrar's Office along with this application for initial review.