



**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: david.chenkin@cooper.edu

STUDENT INFORMATION**				
Student Name Last:		Student Name First:		Student Name Middle:
School Email Address:		ID Number:	DOB: (MM/DD/YYYY)	Major:
Department: (check one) <input type="checkbox"/> Chemical Engineering <input type="checkbox"/> Civil Engineering <input type="checkbox"/> Mechanical Engineering <input type="checkbox"/> Electrical Engineering				
Home Address: Street: _____ City: _____ ZIP: _____ Phone: _____				
Emergency Contact, Name and Address: 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:				
Cooper Union Master's students must receive approval from: 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 Print Name:		Date:	Dean or Associate Dean: Print Name:	Date:
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 and jennifer.weiser@cooper.edu. An official transcript will be sent to the ISMMS Registrar's Office along with this application for initial review.