

Joan and Sanford I. Weill Medical College of Cornell University
and
Johnson Graduate School of Management

**Independent Elective in Ithaca
2006-2007**

IND.801.IT

Student Name: _____

Class of: _____

Title of Elective: _____

Exact Dates of Elective: _____

Sponsor's Name: _____

Sponsor's Address: _____

Sponsor's Telephone & E-mail Address: _____

Please describe the course and its relevance to medicine/health care policy, administration, etc.:

(Step 1) Sponsor's Name: _____

Sponsor's Signature: _____ Date: _____

(Step 2) Sr. Associate Dean's Signature: _____ Date: _____

Please Return to
Electives Coordinator
Office of Academic Affairs, C-118
1300 York Avenue, New York, NY 10021
Phone (212) 746-1050
Fax (212) 746-5981

*Please note: this course MUST appear in your schedule in course scheduler.
Students in joint program may apply for up to eight weeks of elective time.*