



Weill Cornell Medicine-Qatar

Registration Form

Please review the Student Handbook available on the WCMCQ website at <http://qatar-weill.cornell.edu/education/sa/handbook.html>. You are responsible for complying with course registration policies. (This form is not for cross registration)

STUDENT INFORMATION:

To change or correct the spelling of your name submit a copy of your passport to the Office of the Registrar.

Program:	WCMCQ ID:
First Name:	Last Name:

Permanent address:	Permanent telephone number:
	Personal e-mail address:
Local address (Qatar):	Local telephone number:
	Mobile telephone number:

EMERGENCY CONTACT INFORMATION:

First Name:	Last Name:	Relationship:
Address:		Telephone number:
First Name:	Last Name:	Relationship:
Address:		Telephone number:

COURSE INFORMATION

Course Number	Course Title	# of Credits

I understand that failure to read the student handbook (accessible online) does not excuse me from complying with the policies described in it. I also understand that illness or other personal reasons are not acceptable grounds for seeking exemptions from these policies.

ACADEMIC COUNSELLOR'S SIGNATURE

DATE

STUDENT SIGNATURE

DATE