



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 |
|---------------|--------------|--------------|
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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