

The Mailman School of Public Health of Columbia University  
Office of Student Affairs, 722 West 168<sup>th</sup> Street, Suite 1014, (212) 342-3128

**Cross Registration Application**  
**(For graduate students registered in other schools of the University)**  
**(Limited to 2 courses per semester)**

Term:  Fall  Spring  Summer 20\_\_

**INSTRUCTIONS:** Each step must be followed to complete cross registration.

1. Take this form to the Department offering the course to request permission and obtain signature of the Department Coordinator/Academic Liaison.
2. Bring this form to the Office of Student Affairs for signature of the Associate Dean.
3. Register for the course through your school of primary registration. Any change – dropping the course etc., - would also be made through your school.

**NOTE:** Courses at Mailman School of Public Health must be registered for letter grade or P/F. Core courses must be letter grade.

Complete the following information:

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
UNI

\_\_\_\_\_  
Local Address

\_\_\_\_\_  
Daytime Telephone#

\_\_\_\_\_  
School & Degree

\_\_\_\_\_  
Expected Award Date

I am requesting permission to enroll in the following course. I understand that this course may not be used for credit towards a Public Health degree.

**Course/Call number:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Department Coordinator/Academic Liaison Approval:**  
**(Subject to Availability)**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature/Date

**DEAN'S OFFICE APPROVAL:**

\_\_\_\_\_  
Signature/Date

**NOTE:** Cross registration permission not required for Ph.D. students in Biostatistics, Environmental Health Sciences, Epidemiology and Sociomedical Sciences, Dual-Degree students who have previously registered in the School of Public Health