

**NYU Stern School of Business – Columbia Business School
PhD Course Registration Form**

Student Information:

Name: (Last, First) _____ Enroll Term: _____

Home School _____ Major _____

Date of Birth _____ Gender _____ Visa status at home school _____

E-mail address _____

Local Address _____

Local phone number _____

Cell phone number (required for emergency contact) _____

Person to contact in case of emergency (name, relation to you, phone number)

Course at Host School:

Course name _____

Course number (as listed by the host school): _____

Semester and Year _____ # Course credits _____

Instructor name _____

Please obtain the following signatures in the order they are listed:

Student Signature _____ Date _____

Home School Doctoral Office* _____ Date _____

Host School Instructor _____ Date _____

Host School Doctoral Office _____ Date _____

Upon completion of this form, give one copy to the Host School Doctoral Office and another to the Home School Doctoral Office.

* The home school doctoral office's signature serves as certification that tuition has or will be paid at the home school.

Doctoral Program Contact information (where transcripts should be sent):

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Phone: 212-998-0744
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625 West 130th Street | NY, NY 10027
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