

**Columbia University
Department of Biomedical Informatics
Course Approval**

Semester/Year _____

Academic Advisor _____

Student _____

The above student is registered for the following *approved* courses for this semester:

Course #	Course Title	# of Points

TOTAL: _____

Student's Signature: _____

Advisor's Signature: _____

Date: _____

Please return this form to the Graduate Program Coordinator at the beginning of each semester.