(F,Sp,Sum/year)

Please type or print legibly

number

Student name:			Date:	
Expected BS Graduation Sem/Yr:			Expected MS Graduation Sem/Yr:	
Current Campus Location:			Graduate Campus Location:	
allowed towar column marke	of 12 graduat rd the MS deg ed "U/G" below	ree requirements. For co	s of B- or better taken as an urses taken as an undergra <u>list of sample courses.</u>	
A. BME Co	urses (minimเ	ım 6 credits)		
U/G*	Course number	Course title	Credits	Semester (F,Sp,Sum/year)
D Life Seis	naa (minimum	a 2 avadita)	<u>.</u>	
U/G*	ence (minimun Course number	Course title	Credits	Semester (F,Sp,Sum/year)
C. Quantita	ative/Analytica	l (minimum 3 credits)		
U/G*	Course number	Course title	Credits	S Semester (F,Sp,Sum/year)
D. Graduat U/G*	e Electives for Course	Specialization (minimum Course title	6 credits) Credits	s Semester
	number	Godi Se title	Orean.	(F,Sp,Sum/year)
E. Professi	ional Developi	ment/Regulatory Affairs (m	ninimum 12 credits)	
U/G*	Course number	Course title	Credits	s Semester (F,Sp,Sum/year)
	ital Health Collisted above)	ncentration Courses (2 out	t of the list of 4) (minimum 6 c	credits; may be the same as
U/G*	Course	Course title	Credits	
	number			(F,Sp,Sum/year)
		ctive Course (1 of the liste	ed electives) (minimum 3 cred	its; may be the same as
<u>courses</u> U/G*	listed above) Course	Course title	Credits	s Semester

I am interested in potentially pursuing an additional certificate in Regulatory Affairs and Regulatory Science for Medical Devices.

I am not interested in potentially pursuing an additional certificate in Regulatory Affairs and Regulatory Science for Medical Devices.