

- Initial
- Amended

Master of Science in Biomedical Engineering Program of Study

College of Engineering and Computer Science
Department of Biomedical, Industrial & Human Factors Engineering

Name: Last, First, Initial		UID	
Focus Area <input type="checkbox"/> Biomaterials <input type="checkbox"/> Orthopedic and Medical Devices	Option: <input type="checkbox"/> Thesis <input type="checkbox"/> Course	2 nd Master's? <input type="checkbox"/> Yes <input type="checkbox"/> No	4+1 program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email (@wright.edu)		Projected Completion Semester/Year	

Please list your MSIHE program courses below in chronological order of when they were or will be taken.

Course Prefix	Course #	Cr Hr	Course Title	Taken as 4+1 UG	Prereq assigned at admission	Transfer	Grade	Semester/Year

Student signature	Date
APPROVALS	
Major Advisor Signature	Major Advisor (print)
Committee members' signatures (required for thesis option students)	Committee members (print)
Administrative review: _____ Date: _____	
Department Chair or Program Director Signature	Date