☐ Initial
☐ Amended

Wright State University
Graduate School

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 ☐ Biomaterials ☐ Medical Imaging ☐ Medical Devices ☐ Biomedical Systems ☐ Neuroengineering	Option: ☐ Thesis ☐ Course	2nd Master's? ☐ Yes ☐ No	4+1 program? ☐ Yes ☐ 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
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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