



Graduate School
E344 Student Union 937-775-2976

Notification of Entrance into a Graduate Certificate Program

Last Name:	First Name:
Email:	UID:
Certificate Program: Lean Ergonomics for Manufacturing and Healthcare	Dept/College: BIE/CECS
First semester of certificate program courses: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20 ____	
Department Contact: Jen Walsh / jennifer.walsh@wright.edu / 775-5116	

Courses required for the Graduate Certificate named above (choose five):

Course Subject and Number	Cr Hrs	Course Title
BME/IHE 6310	3	Ergonomics
BME/IHE 6350	3	Computational Neuroergonomics and Healthcare Applications
IHE 6810	3	Production and Service Systems
BME/IHE 6850	3	Six Sigma for Engineers
BME/IHE 7370	3	Medical Devices
IHE 7810	3	Engineering Health Systems
BME/IHE 7850	3	Lean Process Improvement for Engineers

Department use only:	
Date received:	Date forwarded to Graduate School:
Department Representative signature:	