



Graduate School
E344 Student Union 937-775-2976

Notification of Completed Graduate Certificate

Last Name:	First Name:
Email:	UID:
Completed Certificate: Lean Ergonomics for Manufacturing and Healthcare	
Term to be Awarded: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20 ____	Dept/College: BIE/CECS
PRINT your name as it should appear on the certificate:	
Address where certificate should be mailed:	
Submit completed form to jennifer.walsh@wright.edu	

----- **Department use only below** -----

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

Completion verified by:	Date:
BIE Department Chair signature:	Date:
Date forwarded to Graduate School:	