



Graduate School  
E344 Student Union 937-775-2976

**Notification of Entrance into a Graduate Certificate Program**

<b>Last Name:</b>	<b>First Name:</b>
<b>Email:</b>	<b>UID:</b>
<b>Certificate Program:</b> Lean Ergonomics for Manufacturing and Healthcare	<b>Dept/College:</b> BIE/CECS
<b>First semester of certificate program courses:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer   20 ____	
<b>Department Contact:</b> Jen Walsh / <a href="mailto:jennifer.walsh@wright.edu">jennifer.walsh@wright.edu</a> / 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
BME/IHE 6850	3	Six Sigma for Engineers
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

<b>Department use only:</b>	
Date received:	Date forwarded to Graduate School:
Department Representative signature:	