



Graduate School
E344 Student Union 937-775-2976

Notification of Completed Graduate Certificate

Last Name:	First Name:
Email:	UID:
Completed Certificate: Medical Devices Engineering	
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 6440	4	Biomaterials		
BME 6450	3	Tissue Engineering and Regenerative Medicine		
BME 6730	3	Neurophotonics and Optical Brain Mapping		
BME 6980	3	Design of Medical Devices		
BME 7210	3	Orthopaedic and Prosthetic Engineering		
BME 7220	3	Experimental Orthopaedic Engineering		
BME 7370	3	Medical Devices		
BME 7371	3	Failure Analysis of Medical Devices		

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