

Notification of Entrance into a Graduate Certificate Program

Last Name:	First Name:
Email:	UID:
Certificate Program: Medical Devices Engineering	Dept/College: BIE/CECS
First semester of certificate program courses: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20 ____	
Are you also enrolled in a graduate degree program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specify degree program, if applicable: _____	
Department Contact: Jen Walsh / jennifer.walsh@wright.edu / 775-5116	

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

Course Subject/Number	Cr Hrs	Course Title
BME 6440	4	Biomaterials
BME 6450	3	Tissue Engineering & Regenerative Medicine
BME 6730	3	Neurophotonics & 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

Appropriate prerequisite courses for this certificate program include Anatomy & Physiology, Physics I and II, and Differential Equations.

Department use only:	
Date received:	Date forwarded to CGPHS:
Department Representative signature:	