

WORKING Formal Study Plan

Graduate Education, Science Building 52-E47



FIELDS ON THIS DOCUMENT SHOULD BE ENTERED IN ELECTRONIC FORM.

NAME: _____

DATE: _____

STUDENT ID: _____

PHONE: _____

Academic Program: Biomedical Engineering

Specialization (if applicable): Regenerative Medicine

What degree will you earn?: MA MS BMS Other _____

Note: All graduate students are required to maintain continuous enrollment from the time of first enrollment until the completion of their degree regardless of catalog cycle. Students who fail to fulfill the continuous enrollment requirement will not be permitted to graduate.

(student initials)

(date)

1. STUDY PLAN

TRANSFER OR EXTENSION COURSES

Course	Units	School/Institution	Grade	(Office use only)

SUBTOTAL UNITS 0

COURSES DOUBLE COUNTED (BMS ONLY) - DO NOT LIST THESE COURSES ELSEWHERE

Course	Units	Grade	(Office use only)
BMED 460	4		
Tech Elective	?		

SUBTOTAL UNITS 4

PROGRAM COURSES

LIST ALL 400 LEVEL COURSES	(Office use only)		
Course	Units	Grade	Qty Pts
BIO 475 or ASCI 403	3 or 5		
Elective(s)?			

			(Office use only)
Course	Units	Grade	Qty Pts

SUBTOTAL UNITS 3.5

LIST ALL 500 LEVEL COURSES

(Office use only)

Course	Units	Grade	Qlty Pts
ASCI 581	1		
BIO 590	1		
BMED 563	2		
BIO 534	2		
BMED 510	4		
BMED 515	4		
BMED 560	2		
BMED 561	2		
BMED 593	10		
BMED 594	2		
BMED 500?	2		
Elective(s)?			

(Office use only)

Course	Units	Grade	Qlty Pts

No fewer than half of the units required for the degree shall be 500 level
Only 9 units of thesis/project coursework are allowable toward plan

SUBTOTAL UNITS 32

TOTAL UNITS IN PLAN: 39.5

2. CULMINATING EXPERIENCE

THESIS PROJECT

COMPREHENSIVE EXAM

Special Requirement (if applicable) _____

3. APPROVALS

1. Student Name	_____	_____	_____
	Printed Name	Initials	Date
2. Advisor Name	Program Mentor	_____	_____
	Printed Name	Initials	Date
3. Coordinator Name	Trevor Cardinal	_____	_____
	Printed Name	Initials	Date
4. Department Head	Richard Savage	_____	_____
	Printed Name	Initials	Date
5. Dean Name	Debra Larson	_____	_____
	Printed Name	Initials	Date
6. GradEd Director	Richard Savage	_____	_____
	Printed Name	Initials	Date

This document is the WORKING version and must be submitted during the first quarter of your graduate coursework to the Graduate Education Office.

Please submit a signed/initialed copy to GradEd in Science Building 52-E47.

GWR: _____	ATC: _____	50% 500-level: _____	Res OK: _____
Thesis/Comp: _____	Other: _____	FSP GPA: _____	Dist: _____
_____ Posted _____	_____	_____	_____
Term _____	Date _____	Initials _____	