

**Program of Study and Application for Admission to Candidacy for
 the degree of Masters of Science in Biomedical Engineering**

(Due at least 2 months preceding semester of graduation)

Full legal name: _____ UID#: _____ Date: _____
Last First Middle

Local Address: _____ Phone: _____ Alternate Phone: _____
 _____ Email: _____
City State Zip

Permanent address (if different): _____

Degree(s) previously awarded (e.g. B.S. in BioMedical Engineering):
 Degree/Field: _____ Institution: _____ Month/Year: _____
 Degree/Field: _____ Institution: _____ Month/Year: _____

Requesting admission to candidacy for the degree of Master of Science in the Department of: _____ Milestone? (Y/N): _____

This degree is expected to be completed at the end of: _____ Semester, Year: _____ Thesis required: _____ Nonthesis option: _____

Description of nonthesis option (Track, project, etc.): _____

Proposed thesis title: _____

Human Subjects Committee Clearance Required? (if YES, attach a copy of approved form): _____

List chronologically work required by the Universtiy, Department and Supervisory Committee to earn the Master of Science degree. If needed, please use additional sheet attached. Graduate work that might be counted toward a doctorate and is not required for the Master's degree should NOT be listed.

If work from another university is requested in the coursework listed below, please attach the completed "Graduate Transfer Credit Authorization" form to confirm the Admissions Office has evaluated and recorded official transcripts and the desired courses are approved to be included on the University of Utah record.

Institution <small>Indicate "ATC" if Approved Transfer Credit</small>	When Registered	Department and Course No.	Course Title	Core or Substitution	Semester Hours	Grade
U of XXXXX - ATC	Fall, 2009	BIOEN - XXXX	Example Course Title	LS Sub	3	A

The program of study as outlined has been approved by the applicant's Supervisory Committee listed below:

Chair: _____ Signature: _____ Date: _____
(Print Name)

Member: _____ Signature: _____ Date: _____
(Print Name)

Member: _____ Signature: _____ Date: _____
(Print Name)

This program of study fulfills departmental requirements and is approved by the Department Director of Graduate Studies:

Name: _____ Signature: _____ Date: _____
(Print Name)

For use of Graduate Records	
_____	Total Hours
_____	Core Requirements
_____	Substitution Approvals
_____	Thesis Hours
_____	Grades
For use of Registrar	
_____	4 year time limit
_____	Residence (all but 8 hrs)
_____	3.0 G.P.A.
_____	Registered currently
_____	Continuous registration
Processed	
_____	Enter in CIS
_____	Enter in Bioen Database
_____	DGS Approval
_____	Grad School Approval
Completed:	



Please submit *original* signed document to the
 Department of Biomedical Engineering Graduate Academic Advisor, SMBB 3100
 Keep a copy for your records

