



**Final Program of Study for the Ph.D. Degree**

*(Due by the end of fourth year of study or at least two semesters prior to graduation)*

Full legal name \_\_\_\_\_ UID# \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First Middle

Local address \_\_\_\_\_ U-mail \_\_\_\_\_  
Street City State Zip code

Alternate Contact information \_\_\_\_\_  
Permanent Address e-mail Phone

Degree Department \_\_\_\_\_ College of \_\_\_\_\_

PhD degree is expected to be completed at the end of \_\_\_\_\_ Semester, 20\_\_\_\_

Proposed dissertation title: \_\_\_\_\_  
 \_\_\_\_\_

Anticipated date of defense (mo/yr) \_\_\_\_\_

Degree(s) previously earned (e.g., M.S. Bioengineering):

Degree/field \_\_\_\_\_ Institution \_\_\_\_\_ Year \_\_\_\_\_  
 Degree/field \_\_\_\_\_ Institution \_\_\_\_\_ Year \_\_\_\_\_  
 Degree/field \_\_\_\_\_ Institution \_\_\_\_\_ Year \_\_\_\_\_

TA Requirement (List TA Assignments completed or expected):

Semester/yr \_\_\_\_\_ for Course \_\_\_\_\_ Credit hours \_\_\_\_\_  
 Semester/yr \_\_\_\_\_ for Course \_\_\_\_\_ Credit hours \_\_\_\_\_  
 Semester/yr \_\_\_\_\_ for Course \_\_\_\_\_ Credit hours \_\_\_\_\_

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

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Chairperson)

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Graduate Records
____ Total hours
____ Thesis hours
____ Core Reqs
____ Milestone Masters
____ TA Reqs
_____
_____

The program of study above has been approved by the Biomedical Engineering Director of Graduate Studies:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Director of Graduate Studies)

List *chronologically* only those courses that apply toward the student's Ph.D. degree. Credit hours previously applied toward an M.S. degree in Bioengineering or Biomedical Engineering should be included *on this form* as part of the Final Ph.D. Program of Study for Committee approval. However, previously applied credit hours will not be applied to the student's electronic Ph.D. Program of Study in CIS. *Background and/or undergraduate courses required for qualification as a graduate student in the major subject generally do not count toward the degree. Likewise, courses taken toward a professional degree typically do not count toward a Ph.D. degree.*

**Please submit original signed document to the Biomedical Engineering Graduate Advisor, SMBB 3223**

Date submitted/entered: \_\_\_\_\_ / \_\_\_\_\_

Program entered by \_\_\_\_\_, Graduate Advisor/Coordinator

Institution <small>Indicate transfer or MS credit etc.</small>	When Registered	Department and Course No.	Course Title	Core or Substitution	Semester Hours	Grade
UofU - Milestone MS	Sem, 2009	BIOEN- XXXX	Example Course Title	LS Sub	3	A

Please submit original form to: Department of Bioengineering Graduate Academic Advisor, 3100 SMBB