**Boston University** Department of Biomedical Engineering 44 Cummington Mall Boston, Massachusetts 02215 T 617-353-2805 F 617-353-6766 www.bu.edu/bme



## MS Program Planning Sheet

Student Name:	Semester of Matricula	ition:
Academic Advisor:		
REQUIREMENT	COURSE/TITLE	CREDITS
Seminar: <u>BE 790 – Biomed</u>	ical Engineering Seminar	0
Physiology/Biology Elective: (either BE 605 <b>or</b> BE 606)		4
Math Requirement:		4
Graduate-Level BME Electives:		
1)		4
	ay include additional BME coursework) re	
1)		4
2)		4
Research: BE 900 (if PhD candidate) or BE 954 (if MS with Thesis		lidate) 8
	TOTAL REQUIRED:	36 CREDITS
Student's Signature and Date	Advisor's Signature and D	ate
	 Director of BME Masters	Programs Signature
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