

Application for Minor in Biomedical Engineering

Students: Please e-mail the completed form to your faculty advisor; and then the appropriate department for review/approval. Once approved the form will be sent to engrec@bu.edu by the department. Requirements may be found at <http://www.bu.edu/eng/academics/programs/minors/>.

Please Note: Students applying for a minor must have a declared major on record. Students must indicate below **at least 12 unique units** of coursework for this minor which do not overlap a major or another minor.

Student Name: _____ BU ID: _____

Major: _____ Email: _____

Advisor: _____ Grad Date: _____

Course Number Proposed Towards Minor	Units (20)	Indicate If Unique to Minor	Completed Prerequisites <small>List all prerequisites below; all must be completed prior to the proposed courses.</small>
1. ENG BE 209	4		CAS CH 101, 102; CAS PY 211,212; EK 125, 381
2.	4		
3.	4		
4.	4		
5.	4		

Student Signature: _____ Date: _____

Advisors: Please review the completed application and indicate your approval by signing below. Please confirm all completed pre-requisites and resolve any issues before providing your approval.

Advisor Signature: _____ Date: _____

Associate Chair for Undergraduate Programs, BME: Please indicate your approval by signing below.

Chair's Signature: _____ Date: _____