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



Biomedical Engineering Petition Form

Student:	Email:
Advisor:	Degree:
Request:	
Reason:	
Signature and Date	
Academic Advisor Approval:	
o Recommend	
O Do Not Recommend	Signature and Date
********	*************************
Director of BME Masters Programs (LEAP & Masters) or Associate Chair for Graduate Programs (PhDs) Decision:
Approve	
O Do not Approve	Signature and Date
Comments:	