Boston University Department of Biomedical Engineering
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T 617-353-2805 F 617-353-6766
www.bu.edu/bme

BOSTON UNIVERSITY

MS Program Planning Sheet

Student: _____   Program Started (Semester): _____

Academic Advisor: _____   Research Advisor: _____

Seminar: _____ BE 790 – Biomedical Engineering Seminar _____ 0 cr _____

Physiology/Biology Elective: _____ (either BE 605 **or** BE 606) _____ 4 cr _____

Math Requirement: _____ 4 cr _____

Graduate-Level Biomedical Engineering Electives (must be taken within BME department, BE prefix):

    1)_____ 4 cr _____

    2)_____ 4 cr _____

    3)_____ 4 cr _____

Graduate-Level Technical Electives (may include additional BME coursework):

    1)_____ 4 cr _____

    2)_____ 4 cr _____

Research: _____ BE 900 (PhD) **or** BE 954 (MS Thesis) _____ 8 cr _____

REQUIRED MINIMUM TOTAL: **36 CREDITS**

_____
Student's Signature

_____
Advisor's Signature

_____
Mario Cabodi, Director of BME Masters Programs

BME Department will obtain this signature