

Thesis MSBMED Proposed Program of Study

This proposed Program of Study must be submitted (typed, signed, scanned as a .pdf and sent via e-mail) to pat.jordan@bme.gatech.edu by **September 15** of the fall semester and **February 15** for Spring semester of the program. **A revised Program of Study should highlight the specific change(s) from the original plan in the comment section below.**

The Program of Study is subject to approval by the BME Graduate Committee. Selections below represent courses that are flexible based on a student's research interests and does not include all required courses. Please consult the BME Graduate Student Handbook for details regarding the required curriculum

Name: _____ GTID: _____

Date: _____ Original Revised

Please indicate planned courses in each of the categories below. Approved courses by category may be reviewed [online](#). Please double check the approved course list and course categories listed below. A course should only be listed in one course category. You may take more than the minimum number of bioscience, engineering, or data science courses. There is no required minimum for elective courses.

Any course that does not appear on the approved course list requires graduate committee review. When petitioning for a course to be added to the approved list, please include a course syllabi and justification (see below) with the submitted program of study so that the graduate committee can determine the course category. Please reference a similar, approved course and its respective course category in the justification section when submitting the petition.

Course Title	Course Name & Number	Credit Hours	Term	Bioscience	Engineering	Data Science	Elective
<i>Ex: Fluid Mechanics</i>	<i>ME 6601</i>	<i>3</i>	<i>Fall 2018</i>	<i>3 hrs</i>	<i>3 hrs</i>	<i>3 hrs</i>	<i>6 hrs</i>
Total Hours (must=21 hrs)							

Comments:

In addition to the courses listed above, please enroll in MS thesis hours (BMED 7000) for your chosen research advisor (9 credit hours required for degree).

FACULTY ADVISOR RECOMMENDATION

Advisor Name (print) _____ Advisor signature (required) _____

GRADUATE COMMITTEE REVIEW

Approved Not Approved Name: _____

Date: _____ Signature: _____