

PROGRAM of STUDY

Please type all required information. Do not handwrite. List courses in the order they were/will be completed. Each course, directed reading, independent study, etc. should be listed on a separate line. Include only those courses that will be applied to the degree.

MASTER of SCIENCE

F109/Q062

MAJOR: Biomedical Engineering Accelerated, with Bachelor of Science in Biomedical Engineering

NAME: _____ **OU ID:** _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
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* For OU graduate courses including Norman, Tulsa, and Extended Campus, leave this column blank. For transfer credit (including OU Health Sciences Center courses), enter the institution name in this column. For courses applied to the bachelor's degree, enter **Shared** in this column.

BIOMEDICAL ENGINEERING ELECTIVES: 12 hours. Four courses from a list maintained by the School of Biomedical Engineering.

Up to 9 hours (three courses) may be shared with the bachelor's degree.

LIFE SCIENCES ELECTIVES: 6 hours. Two courses from a list maintained by the School of Biomedical Engineering.

ADDITIONAL ENGINEERING, SCIENCE, OR MATH ELECTIVES: 6 hours. Two courses selected in consultation with the student's research supervisor.

3 hours (one course) may be shared with the bachelor's degree.

THESIS RESEARCH: 6 hours required. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

BME 5980	Research for Master's Thesis				

TOTAL HOURS: 30 hours required

I intend to graduate in the _____ semester. I hereby request approval of my program of study as outlined above. I understand that I am responsible for reviewing the policies and procedures governing graduate study at the University of Oklahoma as published in the [Graduate College Bulletin](#).

Student Signature

Date



I have reviewed the above-named student's proposed program of study and I recommend approval.

Printed Name of Graduate Liaison

Graduate Liaison Signature

Date

FOR GRADUATE COLLEGE USE ONLY:

Program effective **Summer 2021**. Semester Admitted/Re-admitted: _____

Date Checked: ____/____/____ | Timeline Begins: _____ | Hours Required: _____ | **OK** ____ **Problem** ____