

Semester Registration Form for BME Masters Graduate Students

Student's Name:	
UFID #:	
Semester:	<input type="checkbox"/> FALL <input type="checkbox"/> SUMMER <input type="checkbox"/> SPRING Year: _____
Graduation:	Are you planning to graduate this Semester? *REQUIRED INFO* <input type="checkbox"/> YES <input type="checkbox"/> NO My estimated term of graduation is: _____
Student Signature:	

***** Do not submit this form until all holds are cleared *****

List **departmentally-controlled** courses for which you would like to register

(Committee Chair signature is *not required* for MS students):

Course Number	Course Title	Credit Hours

Committee Chair Signature Required Courses:

Course Number	Course Title	Credit Hours
BME 6905	Individual Work <i>Credits: 1-4; Max 6 towards degree</i>	
BME 6907	BME Project <i>Required for MS Non-Thesis Students. Credits Required: 1</i>	
BME 6971	Masters Research <i>MS Thesis only; Max 5 credits towards degree</i>	

As Supervisory Chair to the named student, my signature serves as a commitment to fully supervise and grade the research credits outlined above. I have met with this student to review the appropriate research course he/she must enroll in and have outlined the expectations (time commitments and milestones) for successful completion of these credits. Further, I agree to the elected credit hours designated above and certify that it is proportional to the amount of time I expect the student to devote to the research project (typically 5 hrs per week per credit). Finally, I will provide periodic feedback to the student during the semester to ensure sufficient progress.

Supervisory Chair Name	Signature