

Semester Registration Form for BME Masters Graduate Students

The completed and signed (electronic signatures encouraged) form can be emailed to grad@bme.ufl.edu

Student's Name:	
UFID #:	
Semester:	<input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER 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 *****

Departmentally Controlled Courses (does not require Chair signature):

Course Number	Course Title	Credit Hours

Courses Requiring Supervisory Chair Signature:

Course Number	Course Title	Credit Hours
BME 6905	Individual Work <i>Credits: 1-4; Max 6 towards degree</i>	
BME 6907	BME Project ¹ <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>	

¹Student must also submit a completed and signed NonThesis MS/MS Final Comprehensive Examination Form (Enrollment Page 2) in order to register for this course

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

Departmental Use Only:	Entered Registration Request
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