

**DEPARTMENT OF BIOMEDICAL ENGINEERING  
AREA OF STUDY FORM**

**To the applicant:** This form must be completed and uploaded to your online application.

UF ID (If Known)	Last Name	First Name	Middle Name
Current Address			
City	State/Province	Zip/Postal Code	
Country			
Phone Number		E-Mail Address	

Semester Applied For	Test Scores		Grade Point Average
Fall	<b>GRE</b>	<b>English proficiency exam</b>	Undergraduate:
Spring	Verbal	TOEFL	Major Undergraduate:
	Quant	MELAB	Graduate: (if applicable)
	Analytical	IELTS	

Current/Expected Degree	Granting Institution

**Select the area of specialization (no more than 2) in which you intend to study:**

- Neural Engineering
- Biomaterials & Regenerative Medicine
- Biomedical Data Sciences
- Imaging & Medical Physics