Semester Registration Form for BME

Doctoral Graduate Students

Student's					
Name:					
UFID #:					
Semester:	☐ FALL ☐ SPRING ☐ SUMMER Year:				
Graduation:	Are you planning to graduate this Semester? *REQUIRED INFO* U YES U NO My estimated term of graduation is:				
Student Signature					
	<i>not submit t</i> Schedule for De			olds are cled	<u>ared</u> ***
Course Numb			se Title		Credit Hours
BME 6940*	Supervised Teaching	Assigned TA Course:			
BME 7979	Advanced 1	Advanced Research (pre-candidacy) OR			
BME 7980	Doctoral R	esearch (post-	candidacy)		
*Must be already pre-assigned a course by the GAO to register					
Doctoral students are required to have their <u>complete</u> course schedule approved by their Doctoral Advisor.					
with a typical F	nuirements: Gradu TE of 0.5 are requ (or 3 in summer A	ired to register	for 9 credits in		
Doctoral Advisor			Signature (Required)		
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Department Use	Only:	viae and Drogram	of Ctudy.		