

Please type or print legibly

BS/MS POS
Rev. 3/31/25

Student Name: _____

MS Research Advisor name: _____

Expected BS Graduation Sem/Yr: _____ Expected MS Graduation Sem/Yr: _____

Current Campus Location: _____ Graduate Campus Location: _____

Course work

*A maximum of 12 graduate-level credits with grades of B- or better taken as an undergrad will be allowed toward the MS degree requirements. For courses taken as an undergraduate, place an "X" in the column marked "U/G" below.

For current listing of approved courses for graduate curriculum, refer to the BME website at:

<https://engineering.purdue.edu/BME/Academics/Graduate/Courses>

A. BME Courses (minimum 6 credits)

U/G*	Course number	Course title	Credits	Semester (F,Sp,Sum/year)

B. Life Science Courses (minimum 3 credits)

U/G*	Course number	Course title	Credits	Semester (F,Sp,Sum/year)

C. Quantitative/Analytical Courses (minimum 3 credits)

U/G*	Course number	Course title	Credits	Semester (F,Sp,Sum/year)

D. Other Graduate Level (minimum 9 credits)

U/G*	Course number	Course title	Credits	Semester (F,Sp,Sum/year)

Research performed (or yet to perform) to meet 7-cr requirement (typically 3 cr. as Junior and 4 cr. as Senior):

BME 296/498 or paid equivalency (SURF/REU)	Research advisor or supervisor (include location if not Purdue)	Credits or hours per week/no. of weeks	Semester (F,Sp,Sum/year)

☐ I am interested in potentially pursuing an additional certificate in Regulatory Affairs and Regulatory Science for Medical Devices.

☐ I am not interested in pursuing an additional certificate in Regulatory Affairs and Regulatory Science for Medical Devices.

Required Signatures to show approval of proposed Plan of Study:

Student

Date

Major Advisor

Date