Please type or print legibly

Prof. BS/MS POS
Rev. 3/31/25

Student Name: _____

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

Current Campus Location: West Lafayette **Graduate Campus Location:** West Lafayette

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 a list of sample courses, refer to the BME web page at
https://engineering.purdue.edu/BME/Academics/PMP/plan-of-study

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. Graduate Electives for Specialization (minimum 6 credits)

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

E. Professional Development/Regulatory Affairs (minimum 12 credits)

U/G*	Course number	Course title	Credits	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 pursing an additional certificate in Regulatory Affairs and Regulatory Science for Medical Devices.***