

PROGRAM of STUDY

Please type all required information. Do not handwrite. List courses in the order they were/will be completed. Each course, directed reading, independent study, etc. should be listed on a separate line. Include only those courses that will be applied to the degree.

MASTER of SCIENCE

M109

MAJOR: Biomedical Engineering

NAME: _____

OU ID: _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
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* For OU graduate courses including Norman, Tulsa, and Extended Campus, leave this column blank. For transfer credit (including OU Health Sciences Center courses), enter the institution name in this column. For courses applied to a dual master's degree, enter **Shared** in this column.

BIOMEDICAL ENGINEERING ELECTIVES: 12 hours. Four courses from a list maintained by the School of Biomedical Engineering.

Physiology: For engineering background students (non-biomedical engineering students), a 3-hour physiology course is required unless completed through prior study (as determined by the Graduate Studies Committee). Students who have fulfilled the physiology requirement through prior coursework will not receive credit toward the degree for additional physiology courses taken at OU unless the SBME graduate liaison approves in advance.

LIFE SCIENCES ELECTIVES: 6 hours. Two courses from a list maintained by the School of Biomedical Engineering.

ADDITIONAL ENGINEERING, SCIENCE, OR MATH ELECTIVES: 6 hours. Two courses selected in consultation with the student's research supervisor.

THESIS RESEARCH: 6 hours required. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

BME 5980	Research for Master's Thesis				

TOTAL HOURS:

30 hours required

I intend to graduate in the _____ semester. I hereby request approval of my program of study as outlined above. I understand that I am responsible for reviewing the policies and procedures governing graduate study at the University of Oklahoma as published in the [Graduate College Bulletin](#).

Student Signature _____

Date _____



I have reviewed the above-named student's proposed program of study and I recommend approval.

Printed Name of Graduate Liaison _____

Graduate Liaison Signature _____

Date _____

FOR GRADUATE COLLEGE USE ONLY:

Program effective **Summer 2021**. Semester Admitted/Re-admitted: _____

Date Checked: ____/____/____ | Timeline Begins: ____ | Hours Required: ____ | **OK** ____ **Problem** ____