

## Wallace H. Coulter Department of Biomedical Engineering Georgia Tech College of Engineering and Emory School of Medicine



## **BME & PKU Proposed Program of Study**

This proposed Program of Study must be submitted (typed, signed, scanned as a .pdf and sent via e-mail) to <a href="mailto:gradstudies@bme.gatech.edu">gradstudies@bme.gatech.edu</a> by <a href="mailto:November1">November 1</a> of the first semester of the program. <a href="mailto:A revised Program of Study should highlight the specific change(s) from the original plan.">gradstudies@bme.gatech.edu</a> by <a href="mailto:November1">November 1</a> of the first semester of the program. <a href="mailto:A revised Program of Study should highlight the specific change(s) from the original plan.

The Program of Study is subject to approval by the BME Graduate Committee. Selections below represent courses that are flexible based on a student's research interests and does not include all required courses. Please consult the BME Graduate Student Handbook for details regarding the required curriculum.  $\square$  BME □ PKU Name: ☐ Revised ☐ Original Date: Integrative Core (one, 3-hour course): Course Name/Number: Term: Advanced Graduate Seminar: (one, 3-hour course): Course Name/Number: \_\_ Term: Bioscience, Data Science, Engineering, and Elective Courses: Please indicate planned courses in each of the categories below. Allowable courses may be reviewed online. Of these courses, 9 credit hours outside of BME should count towards the Institute-required doctoral minor. Students may petition for transfer credit by listing courses taken outside of Georgia Tech and Emory University (up to 9 credit hours). Please provide additional justification and documentation (i.e., syllabi and transcripts) for committee review.

Course Title	Course Name & Number	Credit Hours	Term	Bioscience (1 course minimum)	Engineering (1 course minimum)	Data Science (1 course minimum)	Elective (2-4 courses)	Minor (9 credit hours)
Ex: Fluid Mechanics	ME 6601	3	Fall 2018		X			X
Total Hours (must=21 or more)								

## **Justification of Course Selection:**



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FACULTY A	DVISOR RECOMMENDATION	ON	
Advisor Name	e (print)	Advisor signature (required)	
DEADLINE:	November 1 of Year 1 in the	e program	
GRADUATE	COMMITTEE REVIEW		
☐ Approved	☐ Not Approved	Name:	
Data		Gi a bassa	