MU/MCW Department of Biomedical Engineering  
Plan of Leveling: MS Program of Study

Students who do not have an engineering degree are admitted into the MS program on a conditional status based on successful completion (grade of B or better) of a sequence of leveling courses. These courses will provide them with fundamental engineering principles and analytical skills needed for successful completion of the MS degree in BME.

Instructions for the Student:

1. Type directly on the form below, print the form and sign the form.
2. Work with your Thesis Director to complete the form.
3. Obtain approval of Thesis Director and the Director of BME Graduate Studies.
4. If approved, the Office of the Registrar will enroll you in the course. When processing is complete, you will see the course appear in your schedule in CheckMarq. **NOTE: The Registrar will not process requests until all Holds are removed from your account.**

Instructions for the College:

1. Verify forms have appropriate signatures.
2. Scan this form with the Approval for Independent Study Course form to Registrar in ImageNow.
3. Send PDF copies of approved forms to Student and Instructor.

Student Information:

<table>
<thead>
<tr>
<th>Name:</th>
<th>MUID:</th>
<th>Requirement Term and Year</th>
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<tbody>
<tr>
<td>Last, First, Middle Initial</td>
<td>Thesis Director:</td>
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Expected Graduation Term: 20 May Aug Dec

Email: __________________________@marquette.edu

* Knowledge gap(s) to be addressed through this leveling plan:

Course Information: *(Document fulfillment of Pre-requisite Coursework here)*

Mathematics (Calculus through Differential Equations):

Department: _________  Course Number: _____________ Title of Course: ______________________________ Institution: ________

Programming:

Department: _________  Course Number: _____________ Title of Course: ______________________________ Institution: ________

* Basic Sciences:

Department: _________  Course Number: _____________ Title of Course: ______________________________ Institution: ________

* Engineering Sciences:

Department: _________  Course Number: _____________ Title of Course: ______________________________ Institution: ________

* Use additional sheets if necessary.

APPROVALS:

Signature of Student: ___________________________ Date: ____________

Thesis Director’s Signature: ___________________________ Date: ____________

Director of Graduate Studies Signature: ___________________________ Date: ____________

Rev. 02/13/2023