

**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:**

Name:		MUID:		Requirement Term and Year									
	Last, First, Middle Initial												
Research Track:				Thesis Director:									
<table border="1" style="margin: auto;"> <tr> <td>Expected Graduation Term:</td> <td>20</td> <td>May</td> <td></td> <td>Aug</td> <td></td> <td>Dec</td> <td></td> </tr> </table>						Expected Graduation Term:	20	May		Aug		Dec	
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: _____
Department: _____	Course Number: _____	Title of Course: _____	Institution: _____
Department: _____	Course Number: _____	Title of Course: _____	Institution: _____
Department: _____	Course Number: _____	Title of Course: _____	Institution: _____

Programming:

Department: _____	Course Number: _____	Title of Course: _____	Institution: _____
Department: _____	Course Number: _____	Title of Course: _____	Institution: _____

\* Basic Sciences:

Department: _____	Course Number: _____	Title of Course: _____	Institution: _____
Department: _____	Course Number: _____	Title of Course: _____	Institution: _____
Department: _____	Course Number: _____	Title of Course: _____	Institution: _____

\* Engineering Sciences:

Department: _____	Course Number: _____	Title of Course: _____	Institution: _____
Department: _____	Course Number: _____	Title of Course: _____	Institution: _____
Department: _____	Course Number: _____	Title of Course: _____	Institution: _____
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: \_\_\_\_\_