

**BIOMEDICAL ENGINEERING DEPARTMENT  
CURRICULUM PLANNING FORM**

NAME \_\_\_\_\_ ID# \_\_\_\_\_ DATE \_\_\_\_\_  
 CAMPUS \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ EMAIL: \_\_\_\_\_ CLASS OF \_\_\_\_\_

*NOTE: Indicate in the right column: TC=transfer credit, SR=summer course, AP=advanced placement*

CONCENTRATION CHOICE:

	<u>Fall Semester</u>	<u>Spring Semester</u>	<u>Summer or Transfer</u>
<b>FIRST YEAR:</b>	_____	_____	_____
_____	_____	_____	_____
Academic year	_____	_____	_____
	_____	_____	_____
<b>SECOND YEAR:</b>	_____	_____	_____
_____	_____	_____	_____
Academic year	_____	_____	_____
	_____	_____	_____
<b>THIRD YEAR:</b>	_____	_____	_____
_____	_____	_____	_____
Academic year	_____	_____	_____
	_____	_____	_____
<b>FOURTH YEAR:</b>	_____	_____	_____
_____	_____	_____	_____
Academic year	_____	_____	_____
	_____	_____	_____
<b>IF NEEDED</b>			
<b>FIFTH YEAR:</b>	_____	_____	_____
_____	_____	_____	_____
Academic year	_____	_____	_____
	_____	_____	_____

\*\*\*\*\*

Advisor \_\_\_\_\_ Date \_\_\_\_\_

UG Coordinator reviewed for: \_\_\_\_\_ Date \_\_\_\_\_