# APPENDIX I: INSTRUCTIONS AND FORMS FOR M.S. PROGRAM OF STUDY

1. Check the appropriate box in the top left-hand side of the page to indicate if this is a new or a revised Program of Study.
2. Fill in your name and the current date.
3. List chronologically **ONLY** those courses necessary for the M.S., including EBME 651 or 601, and BME seminars (EBME 611 and 612).
4. Do not include courses that are unique to the Ph.D. requirements such as Ethics, EBME 400T/500T, 600T, etc.
5. Graduate courses not taken at Case that apply to the M.S. should be listed and accompanied by the documentation described under “M.S. Programs” in the GEC Handbook.
6. After the Program of Study is signed by all members of the Guidance Committee, it must be submitted to the BME Graduate Education Committee mailbox located in Wickenden 319. Do not leave your program of study with your advisor, a member of your Guidance Committee, or a GEC member!
7. If the GEC does not approve your Program of Study, you will receive appropriate instructions for how to revise it. ***When submitting a revised program of study, always include a cover page that lists the changes requested by the GEC and includes a point-by-point explanation of exactly what was changed in the POS to implement these changes.***
8. Upon approval by the Graduate Education Committee, the Program of Study is forwarded to the School of Graduate Studies

**CASE WESTERN RESERVE UNIVERSITY**

New POS

Revised POS

**Department of Biomedical Engineering, School of Engineering**

**M.S. Program of Study**

Name: Date:

Last First Middle

Please check one:  Thesis Option  Non-Thesis Option  B.S./M.S  M.D./M.S.

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| **Semester** | **Year** | **Course (number and title)** | **Credit** | **Grade** | **Double Count (BS/MS Only)** |
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**Academic Advisor:**

Name (Typed) Signature Date

**Research Advisor:** (Must be a Case faculty member)

Name (Typed) Signature Date

**Other Guidance Committee Members (not needed for Preliminary POS):** (Indicate institution if not Case. Note that non-Case Faculty members can participate but cannot vote.)

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Name (Typed) Signature Date

Name (Typed) Signature Date

Name (Typed) Signature Date

Approved: \_\_\_\_\_

Associate Chair of Dean

Graduate Programs

Date: \_\_\_\_\_\_\_\_\_\_\_\_