**BME 021**

**GRADUATE COURSE CREDIT FORM**

**Request to have a graduate course from another department transfer to a BME credit.**

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| --- | --- | --- | --- |
| Surname: |  | Given Name: |  |
| Student No.: |  | Supervisor: |  |

**COURSES (please fill in the following information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Department |  | Course Number |  | Title |  |
| Department |  | Course Number |  | Title |  |

SUPERVISOR’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM APPROVALS:**

GRADUATE CHAIR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_