

**BME 021 – GRADUATE COURSE CREDIT FORM**

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

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: \_\_\_\_\_