

**UNIVERSITY OF CALIFORNIA, IRVINE**  
**THE HENRY SAMUELI SCHOOL OF ENGINEERING**  
*DEPARTMENT OF BIOMEDICAL ENGINEERING*  
**PLAN OF STUDY**

Name (last, first)	
Local Address	
Phone	
Email	

Quarter	Course	Units	Grade	Comments	Lab Rotation & Prof's. Name	<u>Master's Thesis Committee</u> (required for thesis students)
Fall 2008	BME 220 Sensory Motor Systems	(4)			Lab Rotation #1	
	BME 230A Applied Engr. Math 1	(4)				Faculty Advisor/ Committee Chair
	BME 298 Seminars in BME	(1)				
	BME 299 Individual Res. (Rotation)					Member #2
	BME Elective	(3)				
Winter 2009	BME 210 Cell & Tissue Engineering	(4)			Lab Rotation #2	Member #3
	BME 221 Organ Transplant Systems	(4)				
	BME 230B Applied Engr. Math. II	(4)				
	BME 298 Seminars in BME	(1)				
	BME 299 Individual Res. (Rotation)					
	BME Elective	(3)			Lab Rotation #3	
Spring 2009	BME 240 Intro. to Clinical Medicine for BME	(3)				
	BME 298 Seminars in BME	(1)				
	BME 299 Individual Res. (Rotation)					
	BME Elective	(3)				
	BME Elective ?	(3)				

Signature of Student: _____	Date: _____
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Any changes to this form MUST be approved by the Faculty and Graduate Advisors.

**\*\*RETURN THIS FORM TO KAREN STEPHENS BY OCTOBER 15<sup>th</sup>\*\***