Department of Biomedical Engineering

UNIVERSITY OF MINNESOTA
Driven to Discover℠

Master's-Plan A Supplemental Degree Program Form

(Effective for students in the M.S. program Fall 2014-present)

NAME (Last, First) STUDENT ID# UMN EMAIL ADVISOR DATE

Course Information				Degree Requirements (enter the **number of credits** under the appropriate category for each course)							Grade
Term	Course #	Course Title	Credits	Core	Biology	Technical	Math/Stat	Free	Seminar	Thesis	[minimum B-]
		TOTALS:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
		(Minimum required):	30	6	6	6	3	0	2	10	
		_____ OK:									