UNIVERSITY OF NOTRE DAME | BIOENGINEERING GRADUATE PROGRAM

Bioengineering Course Plan

Student: Complete this form prior to your QE. The courses listed here are the minimum requirements for the degree. Submit the completed form to the Program Managing Director after passing the Qualifying Exam.

Name/NDID: _____ Admission (Semester/Year): _____

QE Date: _____ CE Proposed Date (Semester/Year): _____

Primary Engineering Courses: (At least 6 courses/18 credits)

Course Number	Title	Semester/Year	Grade

Other Courses (Including ND Science and other transferred credits)

Course Number	Title	Semester/Year	Grade

Additional Coursework Recommended by Your Committee

Course Number	Title	Semester/Year	Grade

Student Signature: _____ Date: _____

Committee Members:

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Program Director: Pinar Zorlutuna

Signature: _____ Date: _____

Formatting revised 3.1.26