

BME 6905 ENROLLMENT FORM

Instructions: This form must be completely filled out *prior* to enrollment in BME 6905. Submit this completed and signed document, along with the Semester Registration Form (see website), to grad@bme.ufl.edu. Electronic signatures are accepted and encouraged.

Student's Name:	
UFID #:	
Semester:	FALL SPRING SUMMER Year: _____
Credit Hours:	_____ Maximum of 3 per semester, 6 total in graduate program
Graduation:	Are you planning to graduate this Semester? *REQUIRED INFO* YES NO My estimated term of graduation is: _____
Student Signature:	

Project Title:	
Description of Project:	

As Supervisory Chair to the named student, my signature below serves as a commitment to fully supervise and grade the student's individual study for completion and will provide periodic feedback to the student during the semester to ensure sufficient progress during this term and will serve to provide the final letter grade for the agreed upon project.

Approval of Enrollment in BME 6905	
Committee Chair Name	Signature:
Co-Chair Name (If Applicable)	Signature: