

Semester Registration Form for BME MS/ME Students

***** Do not submit this form until all holds are cleared *****
Full-time registration is 9 hours in fall and spring semesters, 6 hours in summer.

The completed and signed (electronic signatures encouraged) form can be emailed to grad@bme.ufl.edu

Student's Name:	
UFID #:	
4+1 Student:	YES NO
Semester:	FALL SPRING SUMMER Year: _____
Graduation:	Are you planning to graduate this Semester? *REQUIRED INFO* YES NO My estimated term of graduation is: _____
Student Signature:	

Non-Research/Project-Based Courses (does not require Chair signature):

Course Number	Course Title	Credit Hours

Research/Project-Based Courses (**Requires Supervisory Chair Signature**):

Course Number	Course Title	Credit Hours
BME 6905	Individual Work ⁺ <i>Credits: 1-3; Max 6 towards degree</i>	
BME 6907	BME Project ¹ <i>Required for MS Non-Thesis Students. Credits Required: 1</i>	
BME 6971	Masters Research <i>MS Thesis only; Max 5 credits towards degree</i>	

⁺Student must also submit a completed & signed BME6905 Enrollment Form to register

¹Student must also submit a completed and signed Non-Thesis MS/MS Final Comprehensive Examination Form to register

As Supervisory Chair to the named student, my signature serves as a commitment to fully supervise and grade the research credits outlined above. I have met with this student to review the appropriate research course he/she must enroll in and have outlined the expectations (time commitments and milestones) for successful completion of these credits. **Further, I agree to the elected credit hours designated above and certify that it is proportional to the amount of time I expect the student to devote to the research project (typically 5 hrs. per week per credit).** Finally, I will provide periodic feedback to the student during the semester to ensure sufficient progress.

Supervisory Chair Name	Signature