Independent Study <u>14:125:491/492</u> (3cr.)

DEPARTMENT OF BIOMEDICAL ENGINEERING ** JUNIOR AND SENIOR STUDENTS **

Instructions:

- 1) Complete this form and have it signed by the research advisor you will be working under.
- 2) Submit it to the Undergraduate Program Administrator in BME-110 for the Special Permission Number to register during registration period.
- 3) Use the Special Permission number given to register for 3 credits!
- 4) TECHNICAL ELECTIVE credit only. No Exceptions!
- 5) You must have completed or currently registered for Devices Lecture and Lab to be eligible.
- 6) Advisor(s) must submit grade via email to Undergraduate Director promptly during grading period.

Student's Name (Print)		, #	
,	(Last)	(First)	(RUID)
E-Mail:	<u> </u>	Avg. GPA:	
Semester:	_	Class of:	
Are you on academic probation? If yes, you cannot receive credit fo in Biomedical Engineering.	Yes r Independent S		_
(Maximum number of credits students can eathree in any semester.)	arn for Independent	Study in Biomedical Engineering	g is six, but no more than
*Print PI's name(s):			
Project Title:			
If you are not a BME student, Please give your department name			
Approval Signature(s) of PI's and	Email Address(<u>es)</u> :	
PI's Signature:		Email:	
[PI NOTE: Student must complete al	ll assignments/re	eports you require, and you	must send UG Director Grade.]
Signature of Student:		Date:	
Index Number:	Specia	l Permission Number:	