Declaration of Intent to Pursue the 5-Year BS Neuroscience MS Biomedical Engineering Combined Degree Program

(For undergraduate Neuroscience students)

Return to: Department of Biomedical Engineering, SL 220

Date submitted: _____

PERSONAL INFORMATION:

Student ID number: _____

Name: _____
Last First Middle

Contact Address: _____
Street City State Zip

Telephone: _____ E-mail address: _____

ACADEMIC INFORMATION:

Expected completion date of BS Neuroscience degree requirements (Month/Year): _____

Neuroscience Academic Advisor: _____

BME Depth Area: _____ Thesis or Non-thesis MS: _____

Research area of interest if planning to pursue Thesis MS: _____

Potential Thesis Research Advisor: _____

Signature: _____