

DECLARATION OF INTENT TO PURSUE THE COMBINED DEGREE
For undergraduate BME students intending to pursue the 5-year BS/MS program in BME

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 BSBME degree requirements (Month/Year): _____

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

Research area(s) of interest(if planning to pursue thesis MS): _____

Signature: _____

Please save your completed form and email to bme@iupui.edu.