

Florida Institute of Technology **PHD'S DEGREE PROGRAM PLAN (Biomedical Engineering)**

NAME _____ STUDENT ID NUMBER _____
Last First Middle

MAILING ADDRESS _____
Apt. No. Street City State ZIP Code

DEGREE PROGRAM _____ ACADEMIC UNIT _____ TERM GRADUATION EXPECTED _____ CATALOG YEAR PROGRAM _____

MAJOR CODE _____ Any change to this plan must be submitted and approved by the academic advisor before approval to graduate will be granted.

The program consists of a minimum of 42 semester credit hours of study beyond the master's degree, of which at least 18 semester credit hours shall be for dissertation registration.

DEFICIENCY

FLORIDA TECH COURSE NO.	FLORIDA TECH COURSE TITLE	SEMESTER CREDITS	GRADE
1.			
2.			
3.			
4.			
5.			

REQUIRED

1.			
2.			
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7.			
8.			
9.			
10.			

ELECTIVE

1.			
2.			
3.			
4.			

Student _____ Date _____ Academic Unit Head _____ Date _____ Academic Advisor _____ Date _____
