

**Florida Institute of Technology  
Department of Biomedical Engineering  
Undergraduate Technical and Restricted Elective Requirements**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student ID No. \_\_\_\_\_

**Technical Electives (approved by the Advisor):**

XXX 3xxx \_\_\_\_\_

XXX 4xxx \_\_\_\_\_

XXX 4xxx \_\_\_\_\_

**Restricted Electives (choose one area of emphasis below):**

Biomechanics

BME 4xxx \_\_\_\_\_

BME 4xxx \_\_\_\_\_

Biomedical Instrumentation-Imaging-Computational-Neural Engineering

BME 4xxx \_\_\_\_\_

BME 4xxx \_\_\_\_\_

Biomaterials – Tissue Engineering

BME 4xxx \_\_\_\_\_

BME 4xxx \_\_\_\_\_