



**BME Final PLAN OF STUDY / Prelim Exam Warrant
Request Leading to the Degree of Doctor of
Philosophy**

Date of Request (Month/Date/Year)	Tentative Date of Prelim Exam:
Name (Last, First):	Email Address:
Student 10 Digit Campus ID #:	
PhD Track/ Specialization Area:	

Graduate Courses Taken at UW-Madison

(above 300 level – not including Minor and Research and Thesis Courses)

Sem. Taken	Course #	Course Title	Credits	Grade

Total Credits: _____

BME Research Seminar Requirement

Research Seminar Series	Semester Taken
BME 701	
BME 701	

Transfer Courses

Name of Transfer Institution(s):				
Sem. Taken	Course #	Course Title	Credits	Grade

Total Credits: _____

BME Research/ Thesis Credits

Sem. Taken	Course #	Course Title	Credits	Grade

Total Credits: _____

Qualifying Exams

Month/Year Taken	Exam	Results	Conditions

PhD Milestone Dates

Date Minor Completed (optional):	
Tentative Prelim Exam Date:	
Tentative Graduation Date:	

Committee Members

Name (Last, First)	Title (Prof., Assoc Prof...)	Department
		Biomedical Engineering
		Biomedical Engineering

Departmental Approvals

Advisor's Signature:	
Date:	
Committee Signature:	
Date:	