

**UAB Department of Biomedical Engineering**  
**Proposed Ph.D. Degree Plan (after M.S.B.M.E.)**  
(MUST BE TYPED)

Original \_\_\_\_\_ Revised \_\_\_\_\_

The proposed signed Degree Plan must be submitted to the BME Graduate Program Office within the first semester of the Ph.D. Program. The Degree Plan is subject to approval by the BME Graduate Program Committee, who will evaluate the proposed coursework. Students receiving a stipend, fellowship or assistantship must register for 27 hours of graduate work per year year (9 hours per semester) to comply with the UAB Graduate School requirements.

Name \_\_\_\_\_ Email \_\_\_\_\_ BlazerID \_\_\_\_\_

**Include Course Number, Course Title, and Credit Hours for each proposed course.**

Course work prior to candidacy: 27 semester hours including at least 18 hours of classes (at least 3 hours of elective BME courses and 3 hours of Life Science courses), up to 6 hours of non-dissertation research BME 798, and 3hours of BME Seminar

Course work (24 semester hours)

Number	Course Title	Hours	Term Completed
_____	_____	3.0	_____
_____	_____	3.0	_____
_____	_____	3.0	_____
_____	_____	3.0	_____
_____	_____	3.0	_____
_____	_____	3.0	_____
_____	_____	3.0	_____
_____	_____	3.0	_____
_____	_____	3.0	_____

BME Seminar (3 semester hours)

Number	Course Title	Hours	Term Completed
<u>BME 701</u>	<u>BME Seminar</u>	<u>1.0</u>	_____
<u>BME 701</u>	<u>BME Seminar</u>	<u>1.0</u>	_____
<u>BME 701</u>	<u>BME Seminar</u>	<u>1.0</u>	_____

Research (24 hours of BME 798 or BME 799. Must complete at least 12 hours of BME 799 over at least two semesters in candidacy)

Number	Course Title	Hours	Term Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	Minimum Hours Required With Dissertation	Hours Proposed With Dissertation
Course work (beyond the MSBME):	24	_____
BME Seminar:	3	_____
Research (BME 798 or 799):	12	_____
Dissertation Research (BME 799 ):	12	_____
<b>TOTAL Credit Hours for Degree (minimum):</b>	<b>51</b>	_____

Tentative Dissertation Title \_\_\_\_\_

Projected Date of Graduation \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

**RECOMMENDED**

\_\_\_\_\_  
Faculty Advisor (**SIGNATURE REQUIRED**)      **PRINT NAME**      Date

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_  
\_\_\_\_\_  
Graduate Program Director      Date

COMMENTS:

\_\_\_\_\_