



Graduate Program In Biomedical Engineering

Core Course Review Request

STUDENT

Last Name

First Name

ID Number

Academic Background

1. PROGRAM:

Ph.D.

Ph.D. / M.D.

M.Sc.

2. ACADEMIC BACKGROUND:

Life Science

Engineering

Biomedical

OTHER

“OTHER” Academic Background: _____

Brief Explanation for Core Course exemption/substitution

Exemption/Substitution Requested for the following

UofM BME Core to be REPLACED	Name of Course Replacement Course (a course syllabus must accompany each course listed)	Course Taken During B.Sc. M.Sc., etc.	Course Taken @ (Name of University)

Student Signature: _____

Advisor Approval: _____

Co-Advisor Approval: _____

Department Approval: _____

Please email this form to Amy.Dario@umanitoba.ca or delivery the form to the BME Graduate Student office **SPC-422 EITC Bldg.**
Please **ALSO INCLUDE** photocopies of your **transcripts** and **course syllabi**