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 Background ☐ Engineering Background

Brief Explanation for Core Course exemption

Exemption Requested for the following

UofM BME Core (BME #)	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 **E1-450 EITC Bldg**.
Please **ALSO INCLUDE** photocopies of your transcripts and course syllabi