

CERTIFICATION OF COMPLETION OF DEPARTMENTAL REQUIREMENTS  
FOR **MASTER'S DEGREE IN ENGINEERING**

To: **Associate Dean for Academic Affairs, Whiting School of Engineering**

This is to certify that

\_\_\_\_\_   
 Full name of student

\_\_\_\_\_   
 Social Security Number

has satisfied the  
requirements of

\_\_\_\_\_   
 Name of department

**(MUST CHECK)**

for the degree of

\_\_\_\_\_ Master of Arts

\_\_\_\_\_ Master of Science

\_\_\_\_\_ Master of Science in Engineering

\_\_\_\_\_ Master of Civil Engineering

These requirements were completed \_\_\_\_\_ with essay (title page attached)

\_\_\_\_\_ without essay

**(MUST CHECK)**

Is this a final Degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did the student submit an Application to Graduate to the Registrar's Office? \_\_\_\_\_ Yes \_\_\_\_\_ No

The department recommends the above-named student to the Whiting School Graduate Committee for the degree specified.

\_\_\_\_\_   
 Signature of Department Chair

\_\_\_\_\_   
 Date

**Certification of Completion of University  
Requirements for a Master's Degree**

To: **Office of the Registrars**

This is to certify that the above-named student has completed all University and Whiting School requirements for the advanced degree specified.

\_\_\_\_\_   
 Signature of Chair, Whiting School Graduate Committee

**CERTIFICATE OF DEPARTMENTAL APPROVAL**  
**MASTERS OF SCIENCE IN ENGINEERING DEGREE PROGRAM**  
**IN BIOMEDICAL ENGINEERING**

This is to certify that \_\_\_\_\_ has satisfied all of the academic requirements laid down by the Department for granting a Master of Science in Engineering Degree in Biomedical Engineering.

- ◆ At least 24 credits of coursework
- ◆ Physiological Foundations (580.421, 580.422)
- ◆ Written thesis, approved by committee
- ◆ Minimum 1 year of residency

\_\_\_\_\_  
Kevin J. Yarema, Ph.D.  
Professor  
Director, Master of Science  
in Engineering Degree Program

\_\_\_\_\_  
Date

**CERTIFICATION OF THESIS APPROVAL**  
**MASTER OF SCIENCE IN ENGINEERING DEGREE PROGRAM**  
**IN BIOMEDICAL ENGINEERING**

This is to certify that \_\_\_\_\_ has completed a satisfactory Thesis/Project as required by the Master of Science in Engineering Degree Program in Biomedical Engineering. We have reviewed the thesis report and find it acceptable.

Thesis Committee  
Member  
Chair

Thesis Committee  
Member

Thesis/Project Advisor  
and Thesis Committee

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Department

\_\_\_\_\_  
Department

**Certificate of Departmental Approval  
Master of Science in Engineering Degree Program  
in Biomedical Engineering**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**Requirements:**

**I. At least 24 credits of 400-level or above courses:**

Course No.	Course Title	Sem & Year	Grade	Credits
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**II. Physiological Foundations (580.421, 580.422)**

Course No.	Course Title	Sem & Year
1.		
2.		

**III. Written thesis, approved by committee**

\_\_\_\_\_  
Thesis Title

**IV. Minimum 1 year of residency**

**Notes:**

- **3 credits of research may be counted toward 24-credit total.**
- **No departmental seminar courses may be counted.**
- **No courses graded P/F may be counted, except research.**
- **No D credits may be counted.**
- **Minimum 3.0 GPA.**

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This is to certify that \_\_\_\_\_ has satisfied all of the academic requirements laid down by the Department for granting a Master of Science in Engineering Degree in the Department of Biomedical Engineering.

\_\_\_\_\_  
Adviser's Signature

\_\_\_\_\_  
Date