

Medical Physics Course Completion Sheet

This form must accompany the Admission to Candidacy form and Stays with the Department

Student Printed Name:

Expected Graduation Semester:

A major consisting of 20 credit hours of graduate courses in engineering which must include each of the following **Required Core Courses**

Course	Semester
BME 574	
NE 490	
NE 551	
NE 565	
NE 566	
NE 567	
NE 568	
NE 569	

An additional 2 graduate courses from the following list of **MP Electives**: NE 406, NE 542, NE 550, NE 552, NE 582, NE 583, NE 588.

Course	Semester
1.	
2. _____	_____

Two foundational courses:

Course	Semester
BCMB 230	
EEB 240	

Option Requirements

Thesis Option:	Semester 1	Semester 2
NE 500	_____	_____
Project Options	Semester 1	Semester 2
NE 598		
One engineering practice project	Semester	
NE 598		
Course		

If a substitution is requested, please fill out the following pages:

Medical Physics Curriculum Substitution Request

The MS in Medical Physics graduation requirements are found in the most recent graduate catalog. The Medical Physics program is a CAMPEP accredited program and the catalog contains the accredited program requirements. It is understood that there may be times when course substitutions are required, such as a class is not offered or another course is offered that is appropriate to the list of Medical Physics electives and better meets the student's educational goals. Substitutions will also be needed if a student takes a required class as an undergraduate student for undergraduate credit, as it cannot be used to meet the requirements of a graduate degree.

When substitutions are requested, this petition form must be completed and signed by the committee chair and both committee members. Since the Medical Physics program director is a member of each committee, the program director signs as a committee member.

This form must accompany the Admission to Candidacy form when sent to the Graduate Program Director. For approval and signature. It will then be retained by the department as evidence of a valid substitution to the accredited curriculum.

Medical Physics Student: _____ Date: _____

Course Substituted:

Course Taken

Reason for substitution:

	Printed Name	Signature
Chair:	_____	_____
Committee:	_____	_____
Committee:	_____	_____

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