

University of Connecticut – School of Engineering  
Biomedical Engineering Graduate Program  
**Graduation Checklist**

Ph.D

Student's Name: \_\_\_\_\_

IMPORTANT: Ph.D students must have a Major Advisor and at least 3 Associate Advisors. More information can be found in the BME Graduate Program Handbook.

Major Advisor: \_\_\_\_\_

Associate Advisor: \_\_\_\_\_

Associate Advisor: \_\_\_\_\_

Associate Advisor: \_\_\_\_\_

**Items to attach to this form:**

- |  |   |
|--|---|
| <input type="checkbox"/> Plan of Study             | <input type="checkbox"/> Report on Final Exam   |
| <input type="checkbox"/> Graduating Student Survey | <input type="checkbox"/> Key Clearance Form     |
| <input type="checkbox"/> List of Publications      | <input type="checkbox"/> Report on General Exam |

---

*Courses Taken and Grades*

---

**Three (3) Required Engineering Courses:**

- |          |             |
|----------|-------------|
| 1. _____ | Grade _____ |
| 2. _____ | Grade _____ |
| 3. _____ | Grade _____ |

**One (1) Required Life Science Course:**

- |          |             |
|----------|-------------|
| 1. _____ | Grade _____ |
|----------|-------------|

**Two (2) Required Seminar Courses (Semester, Year taken):**

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
|----------|----------|

Approval of Courses by BME Program/  
Graduate Program Director: \_\_\_\_\_

BME Director Signature/Date

Transferred Credits (Maximum 6 credits; attach evidence of approval)

_____	Where taken _____	Credits _____	Grade _____
_____	Where taken _____	Credits _____	Grade _____

**Thesis Research (MS Plan A and PhD Only)**

**Thesis Title:** \_\_\_\_\_

**Prospectus Approval date (PhD Only):** \_\_\_\_\_

**Publications (PhD Only)** Attach a separate sheet listing all journal and conference publications based on your thesis. List all authors in order, manuscript title, journal/conference, volume, issue, page numbers, and year.

**Defense Date(s):** Attach copies of exam verdict(s)

1. \_\_\_\_\_ Verdict: Pass/Fail
2. \_\_\_\_\_ Verdict: Pass/Fail

**Thesis Credits** (as determined by thesis committee): \_\_\_\_\_

---

Student's Signature and Date: \_\_\_\_\_

Future Contact Information (Include phone number and email address):

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Do not write in this area**

Approved/Not Approved for Graduation:

\_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_