College of Graduate Programs and Honors Studies
160 University Hall
937-775-2976

Notification of Entrance into a Graduate Certificate Program

Last Name:	**First Name:**
Email:	**UID:**
Certificate Program: Medical Devices Engineering	**Dept/College:** BIE/CECS
First semester of certificate program courses: ☐ Fall ☐ Spring ☐ Summer 20 ____	
Are you also enrolled in a graduate degree program? ☐ Yes ☐ No **Specify degree program, if applicable:** _____	
Department Contact: Jen Walsh / jennifer.walsh@wright.edu / 937-775-5116	

Four courses (minimum 12 credit hours) required from the list below:

Course Subject/Number	Cr Hrs	Course Title
BME 6440	4	Biomaterials
BME 6450	3	Tissue Engineering & Regenerative Medicine
BME 6470	3	Design of Medical Devices
BME 7210	3	Orthopaedic and Prosthetic Engineering
BME 7220	3	Experimental Orthopaedic Engineering
BME 7371	3	Failure Analysis of Medical Devices

Appropriate prerequisite courses for this certificate program include Anatomy & Physiology, Physics I and II, and Differential Equations.

Department use only:	
Date received:	Date forwarded to CGPHS:
Department Representative signature:	

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