REQUEST FOR CHANGE IN DOCTORAL DEGREE PROGRAM

Program: Biomedical Engineering
Department/Division: Center for Biomedical Engineering
College: Graduate School
Degree Title (Old): Ph.D.
Degree Title (New): 
CIP Code: 140501

Accrediting Agency (if applicable): 

I. PROPOSED CHANGE(S) IN PROGRAM REQUIREMENTS

<table>
<thead>
<tr>
<th>Current</th>
<th>Proposed</th>
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<tbody>
<tr>
<td>1. Number of transfer credits allowed</td>
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<tr>
<td>2. Residence requirement (minimum of one year before and after Qualifying Exams)</td>
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<td>3. Language(s) and/or skill(s) required</td>
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<td>4. Provisions for monitoring progress and Termination criteria</td>
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<td>5. Total credit hours required (if applicable)</td>
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<td>6. Required courses (if applicable)</td>
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<td>7. Required distribution of courses within program (if applicable)</td>
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<td>8. Minor area or courses outside program required (if applicable)</td>
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<td>9. Distribution of courses levels required (400G-500/600-700)</td>
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<td>10. Qualifying examination requirements</td>
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NOTE: To the extent that changes in 6 or 8 above involve additional courses to other programs, please include documentation from the program(s) pertaining to the availability of such courses.
II. Any other requirements not covered above
   Addition of Model II for satisfying the doctoral residence requirement.

II. RATIONALE FOR CHANGE(S)
If the rationale involves accreditation requirements, please include specific references to those requirements.
Although most BME students utilize Model I in fulfilling the doctoral residence requirement, some need Model II. Because the field of BME is interdisciplinary in nature, students often take specialized courses, not only in BME but in other programs as well, that are not offered every year. Consequently, some students are experiencing a situation in which a course recommended by the advisory committee cannot be taken for a year, and the students carry part-time course loads while working on their dissertation research. In addition, unavailability of Model II precludes enrollment of part-time students who are employed outside the University.

Signatures of Approval:

[Signature]
Department Chair [Date]

[Signature]
Dean of the College [Date]

[Signature]
*Undergraduate Council [Date]

[Signature]
*University Studies [Date]

[Signature]
*Graduate Council [Date]

[Signature]
Academic Council for the Medical Center [Date]

[Signature]
Senate Council [Date of Notice to University Senate]

*If applicable, as provided by the Rules of the University Senate

ACTION OTHER THAN APPROVAL

Rev 11/98