



Biomedical Engineering Department
100 Institute Rd. • Worcester, MA 01609-2280
Phone 508-831-5447 • Fax 508-831-5541 • <http://www.wpi.edu/+bme>

REQUEST FOR A CHANGE IN THE BIOMEDICAL ENGINEERING DISTRIBUTION REQUIREMENTS

Student's application

This is a request to replace my current Distribution Requirements with the new (2002/2003) Distribution Requirements.

Last Name:

First Name:

SSN: - - Class:

E-mail:

Student's Signature

Date

Support of the student's academic advisor

I support the requested Change of Distribution Requirements

Academic Advisor's Signature

Date

Approval of the BME Undergraduate Program Review Committee

- The Committee: approves the requested change of Distribution Requirements.
 does not approve the requested change of Distribution Requirements.

Chair of the BME Undergraduate Program Review Committee

Date