



**WAYNE STATE
UNIVERSITY**

**Department of Biomedical Engineering
APPLICATION FOR Ph.D. QUALIFYING EXAMINATION
Form must be returned to Graduate Program Chair by Apr 27, 2015.**

| | |
|---------------------------------|-------------------------------------|
| First Name: | Last Name: |
| Student ID: | E-mail: |
| Number of semesters in program: | Current number of credits obtained: |
| Current overall GPA: | Current GPA for BME courses: |
| Name of Dissertation Advisor: | Signature of Advisor: |
| Date: | |

Departmental Approval

Graduate Program Chair

Date