

Application Form



Department of Biomedical Engineering

Undergraduate Degree Program
for Enrolled Undergraduate Students seeking to major in Biomedical Engineering

General Information (please print)					
Name:			OSU ID Number <small>(To be available June 2008)</small>		
Last	First	MI			
Permanent Address					
Number	Street		City	State	Zip
Local Address					
Number	Street		City	State	Zip
Home phone:			OSU email:		
Local or Cell phone:		Area Code	Number	@osu.edu	
Academic Information: Attach your current Advising Report					
Below: Please fill in current and planned courses					

QTR: SP 2009	
Course	Hrs

QTR: SU 2009 (if applicable)	
Course	Hrs

QTR: AU 2009	
Course	Hrs

QTR: WI 2010	
Course	Hrs

Awards, Honors and Scholarships (please include information about any current/renewable scholarships; attach additional pages if necessary):

Work Experience: Attach additional pages if necessary

Employer (Name, location)	Mo./Yr. to Mo./Yr.	Job Description (be specific)

Personal Statement -- Required of all Applicants:

Attach a one-page typed response to the following:

1. Describe your background and interests in relation to the planned Biomedical Engineering program.
2. What are the topics of most interest to you, and how will a BS degree in Biomedical Engineering enable you to study them?
3. What are your career goals, and how will a BS degree in Biomedical Engineering help you succeed in achieving them?

Certification/FERPA

I affirm that the information that I have provided on this application is complete, accurate and true to the best of my knowledge. I understand that furnishing false information may result in disciplinary action pursuant to *The Ohio State University Code of Conduct*.

Pursuant to the Family Educational Rights Act of 1974, as amended (FERPA), I hereby authorize The Ohio State University Department of Biomedical Engineering to release the application information provided by me, as well as other official and unofficial OSU information regarding academic progress and status, to scholarship donors for the purposes of providing them with information concerning my eligibility as a scholarship recipient.

_____ Date:

Please Return To:
 Undergraduate Studies Office
 Biomedical Engineering Department
 249 Bevis Hall
 1080 Carmack Rd
 Columbus, OH 43210
 Fax: 614-292-7301

To be complete, applications must include:

1. This form, information filled in and signed
2. Current Advising Report that includes all courses taken
3. One-page Personal Statement
4. Signed copy of the BME Academic Standards and Progress Policy