

**ACCELERATED B.S/MASTERS PROGRAM APPLICATION IN CHEMICAL & BIOMEDICAL  
ENGINEERING**

**PLAN OF STUDY**

Semester/Year (e.g., FA13)	Course Prefix & Level# (e.g. ECH 4465 or ECH 6YYY)	Course Name (e.g. Advanced Transport or Elective)	Degree (BS or Masters or both)

FE Exam Status (Completed or Semester in which it will be completed): \_\_\_\_\_

GRE Exam Status (Completed or Semester in which it will be completed): \_\_\_\_\_

\_\_\_\_\_  
Student (Name and Signature)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Undergraduate Advisor (Name and Signature)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Graduate Advisor (Name and Signature)

\_\_\_\_\_  
Date: