



University at Buffalo

Department of Biomedical Engineering

Jacobs School of Medicine and Biomedical Sciences

School of Engineering and Applied Sciences

engineering.buffalo.edu/biomedical

BE 499 INDEPENDENT STUDY – REQUEST TO ENROLL

To receive credit for an independent study course, the student must complete and sign this form and attach a project description. The student must also have the supervising faculty member fill out and sign this form. The student then submits the form to the Departmental office. Once approved by the Director of Undergraduate Studies, the department will register the student for BE 499 for the appropriate number of credit hours.

Student Name: _____ Person Number: _____
(Last) (First) (MI)

Student Email: _____ Semester: _____ Year: _____

Name of Supervising Faculty Member: _____ Email: _____

Is this for Technical Elective credit? ___ Yes ___ No If 'no', please indicate number of credits you wish to enroll in: _____

Supervising Faculty Member:

What will the student do for the course (circle one or more):

Research in a lab Literature review Project work outside of lab Other (please explain below):

What will the student submit for grading/how will the course grade be determined? _____

** (Final work, papers, presentations, etc. that are submitted as fulfillment of this should be kept and copies submitted to the departmental office)

Student: Please attach a project description. This should have two sections: The first (one paragraph) describes what you will do for the independent study and the second (a couple of sentences) is a statement of outcomes (what you plan to achieve by the end of the course). This should be developed in consultation with the supervising faculty member.

Signing this form certifies that, upon successful completion of the agreed to work, **three (3) credit hours** (135 hours of work) for BE 499 shall be used to fulfill one BE Technical Elective **or** one (1) credit hour of BE 499 will be awarded per 45 hours of work completed, with the grade assigned by the supervising faculty member. The student must submit a final report or presentation to the supervising faculty member, as well as a copy to the department, by the last day of classes for the semester which they are enrolled. The student understands that BE 499 can only be recognized **one time as technical elective credit**.

I agree to terms and conditions indicated by this form:

Student signature Date

Faculty supervisor signature Date

Department Use Only:

- Senior/4th-Year Standing: ___ Yes ___ No
- Completed BE 496 or 498 or 499 already as TE: ___ Yes ___ No

Approved by: _____ Date _____
Coordinating Instructor