COURSE TRANS	SFER PETIT	ION – BME F	PhD and IBSc students			
To: Research Ad	dvisor					
From: Student _						
c: BME Graduat	te Office (Sa	ındy May, <u>sn</u>	nmay@purdue.edu)			
Date:						
Re: Petition of T	ransfer Cou	ırses from (s	chool/university name)			
Note: BME Com	petency Cou	rses and 600	Level Courses Must Be 1	aken at Purdue West Lafay	ette or Indianapolis and c	can NOT be transferred in.
Course Number and Title	# Credit hours	Grade earned	Instructor name & Dept. Affiliation	Proposed Core Competency Area	Comparable Purdue Course (as deemed necessary)	Supporting Materials Provided (if requested by research advisor)
Course descript	tion, rationa	le for propo	sed core area, comparis	on to Purdue graduate co	ourse, etc.:	
				y supporting materials, and (MJIS 1021 or to smmay@		ures below. A copy of the completed and
Student signatu	ire					
I have reviewed	the course tra	ansfer petitio	n with my student and I su	ipport the transfer of these	courses to his/her Purdue	graduate degree.
Research Advis	or signature	<del></del>	<del></del>			