

## APPLICATION FOR PARTICIPATION

Accelerated BS/MS Program in Biomedical Engineering  
Herff College of Engineering, The University of Memphis

1. Student Name \_\_\_\_\_ Application Date \_\_\_\_\_
2. Permanent Mailing Address \_\_\_\_\_
3. Current School Address \_\_\_\_\_
4. Home Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_
5. School Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_
6. e-mail address \_\_\_\_\_
7. Student ID \_\_\_\_\_
8. Credit hours completed towards B.S. in Biomedical Engineering at time of application: \_\_\_\_\_
9. Cumulative GPA to date \_\_\_\_\_ GPA last 60 hours \_\_\_\_\_
10. List honorary and professional societies of which you are a member, indicating offices held, as well as any extracurricular activities/organizations in which you participate.  
\_\_\_\_\_  
\_\_\_\_\_

11. On a separate page, write a brief essay (double spaced, one page maximum length) describing why you would like to participate in the Accelerated BS/MS Program in Biomedical Engineering and how it will help you meet your career goals.
12. List the name of a faculty member who will be submitting a written letter of recommendation supporting your participation in this program. (This letter should be sent directly to the Program Director at the address below.)

Name	email	phone
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13. List the name of an affiliated faculty member with whom you have interviewed face-to-face.

Name	email	phone
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14. List the name of your current academic advisor.

Name	email	phone
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Applications are due on or before October 1 for spring review and March 1 for fall review.

**Return this form with a copy of your transcript to Department of Biomedical Engineering, ET330.**

*The University of Memphis is an equal opportunity/affirmative action employer.*

**Undergraduate Coordinator Interview Record and Review Form**  
**Accelerated BS/MS Program in Biomedical Engineering**

Herff College of Engineering, The University of Memphis

NOTE: This form should be completed by the Undergraduate Coordinator for the Biomedical Engineering program.

Student Name \_\_\_\_\_

Academic Major \_\_\_\_\_

Name of Department \_\_\_\_\_

Undergraduate Coordinator has discussed the following with the applicant (yes/no):

- \_\_\_ Eligibility requirements (3.25 GPA, 64 credit hours towards BSBE)
- \_\_\_ Application requirements (faculty member sponsorship/commitment)
- \_\_\_ Applicant's motivation for ABM program/MS degree, career goals, research interests
- \_\_\_ Phases of the ABM program (Phase I – pre-admission, Phase II – admission/graduate coursework, Phase III – graduate status)
- \_\_\_ ABM program and Graduate school expectations (research productivity, GPA, financial support not guaranteed etc.)

Comments:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
e-mail/office phone

Return this letter of recommendation to  
Department of Biomedical Engineering  
ET330

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## LETTER OF RECOMMENDATION FOR PARTICIPATION

Accelerated BS/MS Program in Biomedical Engineering  
Herff College of Engineering, The University of Memphis

NOTE: This form should be completed by a faculty member who is familiar with the applicant's academic background, interests, and abilities.

Student Name \_\_\_\_\_

Academic Major \_\_\_\_\_

Name of Department \_\_\_\_\_

How long have you known the applicant? And in what capacity?

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Recommendation (continue on the back if needed; please be sure to comment on the student's preparedness and ability to complete the accelerated program):

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Circle below your rating of the applicant relative to his/her peers:

Top 10%                      > Top 10%

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
e-mail/office phone

Return this letter of recommendation to  
Department of Biomedical Engineering  
ET330

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**Interview Record and Review Form**  
**FOR SPONSORSHIP/PARTICIPATION**  
**Accelerated BS/MS Program in Biomedical Engineering**  
Herff College of Engineering, The University of Memphis

NOTE: This form should be completed by a faculty member who has personally interviewed the candidate. Letter of recommendation and this interview record may be provided by the same faculty member if appropriate.

Student Name \_\_\_\_\_

Academic Major \_\_\_\_\_

Name of Department \_\_\_\_\_

EVERY STUDENT MUST HAVE AT LEAST ONE INTERESTED ADVISOR  
to be accepted into the program. Please consider your answer to this question carefully.

Would you hire the applicant into your laboratory

YES              No, but I recommend another lab              No

If you answered *NO* or *No, but recommend another lab*, in the following space, please provide us with an explanation of your answer. If you are recommending another lab, please suggest an advisor or explain what type of laboratory would be appropriate (biomechanics, biochemical, etc).

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
e-mail/office phone

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Department of Biomedical Engineering  
ET330

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