**Registration complementary form for 1st semester M.Sc. Students of BÜ - Institute of Biomedical Engineering**

**Assessment of the student’s perspective to set a BME Area of Concentration** (compulsory to return to the registration advisor to complete the 1st semester’s registration)

- Name of the student ………………………………………

- BME Area of Concentration intended by the student

…………………………………………………………………………………………..

- Has the student discussed a prospective MSc study and a BME Area of Concentration with a BME faculty member?

……………. (Yes/No)

If Yes

 Name of the BME faculty member (if possible his/her approval also)

 ………………………………………..

List a prospective set of courses to be taken from BME Area of Concentrations as discussed with the BME faculty member. Provide rational if necessary (e.g., if courses are planned to be taken from multiple BME Area of Concentrations).

**Entire M.Sc.**

 **1st semester only**

If No

 List a set of courses to be taken from BME Area of Concentrations as considered by the student. Provide rational if necessary.

**Entire M.Sc.**

**1st semester only**

- Any further remarks the student and/or the BME faculty member wants to make