**Registration complementary form for 2nd 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 2nd semester’s registration)

- Name of the student ………………………………………………………

- BME Area of Concentration intended by the student

………………………………………………………

- BME faculty member the student discussed with, to determine the BME Area of Concentration and the necessary coursework.

………………………………………………………

- 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. (planned coursework)**

**1st semester (accomplished)**

**2nd semester (to be taken)**

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