



# Department of Bioengineering

UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS

## MS Major Application from the BS Program

### Demographic Information

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Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Current GPA: \_\_\_\_\_

Please list two faculty members (in addition to proposed advisor) who would recommend you for the MS program:

\_\_\_\_\_

\_\_\_\_\_

### BS/MS Application – Advisor Approval

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Proposed Research Topic: \_\_\_\_\_

Research Advisor: \_\_\_\_\_

Please Select Your Track:                      Thesis Track                      Project Track

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#### For the Research Advisor:

*I acknowledge that I have discussed possible research projects with this student, and have agreed to serve as their advisor should they be admitted to the BIOE-MS program.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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#### For the Student:

*I acknowledge that I have discussed a proposed research topic with the advisor above. I understand that switching advisors and/or topics will likely extend the length of my time in the BS/MS program.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date