**UNIVERSITY OF CALIFORNIA, IRVINE**  
**THE HENRY SAMUELI SCHOOL OF ENGINEERING**  
**DEPARTMENT OF BIOMEDICAL ENGINEERING**  
**MASTERS PLAN OF STUDY**

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<tr>
<th>Quarter</th>
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Signature of Student: ____________________________ Date: ______________________

Any changes to this form MUST be approved by the Faculty and Graduate Advisors

**RETURN THIS FORM TO CRISTINA SURPLESS BY OCTOBER 15th**