

Biomedical Graduate Studies

Request for Enrollment in Extra Courses and Non-BGS Courses at Thesis Level

Name: _____

Graduate Group & Program (if applicable): _____

Semester: _____ Course: _____

Dissertation Advisor Name: _____

Please provide a short paragraph detailing how this course relates to your PhD Training and/or your career interests:

Is this course a requirement of a Certificate Program? If so, please indicate which program:

Dissertation Advisor Signature: _____

Will the additional coursework adversely affect progress toward the PhD degree?

Yes _____ No _____

Graduate Group Chair Signature: _____

If this is a summer course that will require additional tuition support from BGS:

BGS Director Approval: _____

Please send completed form to: Kyle Brown (kyle.brown@penmedicine.upenn.edu) and email a copy to your graduate group coordinator.