



Program Approval Form

For approval of new programs and deletions or modifications to an existing program.

Action Requested:

- Create New (SCHEV approval required except for minors)
 Inactivate Existing
 Modify Existing (check **ALL** that apply)

- Title (SCHEV approval required except for minors)
 Concentration (Choose one): Add Delete Modify
 Degree Requirements
 Admission Standards/ Application Requirements
 Other Changes: _____

Type (Check one):

- B.A. B.S. Minor
 Master's
 Ph.D.
 Undergraduate Certificate*
 Graduate Certificate*
 Bachelor's/Accelerated Master's Other: _____

College/School:

Volgenau School of Engineering

Department:

Department of Bioengineering

Submitted by:

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Ext:

2218

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Effective Term:

Fall

2018

Please note: For students to be admitted to a new degree, minor, certificate or concentration, the program must be fully approved, entered into Banner, and published in the University Catalog.

Justification: (attach separate document if necessary)

These changes are for the BMPH concentration under the BS degree in Bioengineering

Program Title: (Required)

Title must identify subject matter. Do not include name of college/school/dept.

Concentration(s):

Admissions Standards / Application Requirements: (Required only if different from those listed in the University Catalog)

Degree Requirements:

Consult University Catalog for models, attach separate document if necessary using track changes for modifications

Existing	New/Modified
Bioengineering, BS	
Bioengineering Prehealth	
<p>Bioengineering Core</p> <p>BENG 492 Senior Advanced Design Project I (Mason Core) 2</p> <p>BENG 493 RS: Senior Advanced Design Project II (Mason Core) 2</p> <p>Technical Electives</p> <p>Select 6 credits from the following: 6</p> <p>BENG 341 Introduction to Biomaterials 3</p> <p>BENG 390 Engineering Design and Fabrication 3</p> <p>BENG 392 Engineering Design Studio 1</p> <p>BENG 395 RS: Mentored Research in Bioengineering 1-3</p> <p>BENG 406 Introduction to Biomechanics 3</p> <p>BENG 421 Introduction to Tissue Engineering 3</p> <p>BENG 437 Medical Image Processing 3</p>	<p>Bioengineering Core</p> <p>BENG 492 Senior Advanced Design Project I (Mason Core) 3</p> <p>BENG 493 RS: Senior Advanced Design Project II (Mason Core) 3</p> <p>Technical Electives</p> <p>Select 6 credits from the following: 6</p> <p>BENG 327 Cellular, Neurophysiological, and Pharmacological Neuroscience 3</p> <p>BENG 341 Introduction to Biomaterials 3</p> <p>BENG 390 Engineering Design and Fabrication 3</p> <p>BENG 392 Engineering Design Studio 1</p> <p>BENG 395 RS: Mentored Research in Bioengineering 1-3</p> <p>BENG 406 Introduction to Biomechanics 3</p> <p>BENG 417 Bioengineering World Health 3</p> <p>BENG 421 Introduction to Tissue Engineering 3</p> <p>BENG 429 Mason-Inova Applied Technologies 3</p>

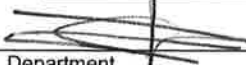
BENG 441 3	Nanotechnology in Health	BENG 437	Medical Image Processing	3
BENG 451	Translation and Entrepreneurship in Bioengineering	3	BENG 441	Nanotechnology in Health
BENG 499	Special Topics in Bioengineering	4	BENG 451	Translation and Entrepreneurship in Bioengineering
BENG 525	Neural Engineering	3	BENG 499	Special Topics in Bioengineering
BENG 538	Medical Imaging	3	BENG 525	Neural Engineering
BENG 541	Biomaterials	3	BENG 538	Medical Imaging
BENG 550	Advanced Biomechanics	3	BENG 541	Biomaterials
ECE 305	Electromagnetic Theory	3	BENG 550	Advanced Biomechanics
ECE 350	Embedded Systems and Hardware Interfaces	3		
ECE 370	Robot Design	3		
ECE 410	Applications of Discrete-Time Signal Processing	3		
ECE 421	Classical Systems and Control Theory	3		
ECE 450	Introduction to Robotics	3		
ME 313	Material Science	3		
134-135		136-137		

Courses offered via distance:
(if applicable)

TOTAL CREDITS REQUIRED:

*For Certificates Only: Indicate whether students are able to pursue on a Full-time basis Part-time basis

Approval Signatures


 Department _____

 1/29/18 Date _____

 MAF 1/30/18 sl Ab 1/30/18 College/School _____

 Date _____

If this program may impact another unit or is in collaboration with another unit at Mason, the originating department must circulate this proposal for review by those units and obtain the necessary signatures prior to submission. Failure to do so will delay action on this proposal.

Unit Name	Unit Approval Name	Unit Approver's Signature	Date

For Undergraduate Programs only

Undergraduate Council Member _____

 Provost Office _____

 Undergraduate Council Approval Date _____

For Graduate Programs Only

Graduate Council Member _____

 Provost Office _____

 Graduate Council Approval Date _____