

## PROGRAM AND AWARD PLANNING FORM

**Program:**     **Biomedical Equipment Technology (BET)**  
**Award:**       **Short-Term Certificate**  
**Catalog:**     **2019-2020**

**STUDENT NAME** \_\_\_\_\_ **STUDENT NUMBER** \_\_\_\_\_

<b>Semester/Year</b>	<b>Grade</b>	<b>Required Selection</b>	<b>HRS</b>
_____	_____	BIO 103 Principles of Biology I	4
_____	_____	ILT 169 Hydraulics/Pneumatics	3
_____	_____	ILT 203 Biomedical Electronics I	3
_____	_____	ILT 204 Biomedical Electronics II	3
_____	_____	ILT 226 BMET Certification Preparation OR Certification Preparation Elective	3
_____	_____	ILT 294 Biomedical Electronics Clinical I	3
_____	_____	ILT 295 Biomedical Electronics Clinical II	3
<b>Total Semester Credit Hours</b>			<b>22</b>

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Student's Signature                      Date

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Advisor Signature                      Date