COMPUTATIONAL MEDICINE MINOR ADVISING FORM

Full Given Name (Last, First):_____

JHU Email:_____ JHED ID:_____

Major(s):_____ Minor(s):_____

Minor Advisor:_____ Antic. Graduation Month Year:_____

Section 1 Prerequisites					
Prerequisite:	Course #:	Title (or N/A)	Term/Year	Completed?	Credits
Math Required Courses					
Calculus 1	AS.110.108				
Calculus 2	As.110.109				
One additional AS.110 Math or one additional EN.553 Applied Math >3 Credits					
Probability and Statistics Required Course(s), Choose Option 1 or 2:					
Option 1: Choose 1 course of the following: EN.560.348, EN.540.382, EN.553.311					
Probability and Statistics					
Option 2: Requires both of the following courses: EN.553.420 AND EN.553.430					
Probability	EN.553.420				
Statistics	EN.553.430				
One Computer Programing Required Course					
Programming >3 credits					
One Biological Science Required Course					
Biol. Science >3 credits					

Section 2 Core Courses			
Course #	Title (or N/A)	Term/Year	Credits
Required Core Courses:			
EN.580.431	Introduction to Computational Medicine Imaging	1st half of Fall	2
EN.580.433	Introduction to Computational Medicine The Physiome	2nd half of Fall	2
One additional Core Class of your choosing from the eligible list of courses on website under core classes #2:			

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Section 3 Electives			
At least 1 elective must be taken OUTSIDE home major department, Electives must total 18 credits:			
Of the electives chosen, at least 2 MUST be coded M and at least 1 MUST be coded C			
Course #	Title (or N/A)	Term/Year	Credits
	Independent Research (optional, Max 3 credits.)		
		TOTAL CREDITS:	

*DO NOT list any prerequisite courses as electives.

Section 4 Completed Seminar Attendance						
	Seminar 1	Seminar 2	Seminar 3	Seminar 4	Seminar 5	Seminar 6
Date						
Speaker						

ACKNOWLEDGEMENT

I and my advisor have reviewed my progress toward meeting the graduation requirements for the CM Minor.

Signature by my minor advisor signifies approval of this plan.

_____   _____

Student Signature Above   Date

_____   _____

Minor Advisor Signature Above   Date

REQUIREMENTS MET

At least one (1) non-core course taken outside of home department .... ☐

At least two (2) elective courses completed with substantial biology or medicine component (M) .... ☐

At least one (1) elective course completed with substantial computational component (C) .... ☐

Attended **at least six (6)** ICM Distinguished Seminars (will be checked against seminar sign-in sheets) .... ☐

No more than three (3) independent research credits .... ☐

All credits at 300-level or above .... ☐

Grade of C- or above in all courses .... ☐

FINAL APPROVAL (TO BE SIGNED DURING FINAL SEMESTER PRIOR TO GRADUATION)

The Director of Undergraduate Studies for the Computational Medicine Minor has reviewed the student's final transcript and the most recent Minor Advising Form and is confident that all minor requirements have been fulfilled or will be filled contingent upon successful completion of currently enrolled courses.

_____   _____

Joel Bader   *Date*
Interim Director, Institute for Computational Medicine