COMPUTATIONAL MEDICINE MINOR ADVISING FORM

Full Given Name (I	Last, First):						
JHU Email:	HU Email: JHED ID:						
Major(s): Minor(s):							
Minor Advisor:		Antic. Gr	aduation Month Year:		_		
Section 1 Prereq	<u>uisites</u>						
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 S	tatistics Required	Course(s), Choose Option	1 or 2:				
Option 1: Choose	1 course of the fo	ollowing: 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							

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

Continue on Page 2:

Section 3 Ele	ectives							
At least 1 elective must be taken OUTSIDE home major department:								
Of the electi	ves chosen, at	least	t 2 MUST be co	ded M and at l	east 1 MUST be co	oded C		
Course #		Title	e (or N/A)			Term/Year	(Credits
		Ind	ependent Rese	arch (optional	, Max 3 credits.)			
						TOTAL CREDI	TS:	
*DO NOT list	any prereguisi	te co	urses as electiv	es.		<u>I</u>		
Section 4 Co	mpleted Semi	nar A			1	T		
	Seminar 1		Seminar 2	Seminar 3	Seminar 4	Seminar 5	Sen	ninar 6
Date								
Speaker								
			ACK	NOWLEDGEM	IENT			
l Land my ac	dvisor have re	eviev			<u></u>	ation require	men	ts for
I and my advisor have reviewed my progress toward meeting the graduation requirements for the CM Minor.								
		dvic	or cignifies or	anroval of this	a nlan			
Signature by my minor advisor signifies approval of this plan.								
Ctudent Cignature Above								
Student Signature Above Date								
Minor Advisor Signature Above Date								
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DEGLUDEMEN	IDC MED							
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								

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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 Interim Director, Institute for Computational Medicine	Date				