



FIU

FLORIDA INTERNATIONAL UNIVERSITY

Department of Biomedical Engineering

Transferred Courses Recommendation

To: **Dr. Michael C. Christie, Undergraduate Advisor (EC 2601 ext. 7-7392)**
Department of Biomedical Engineering

Student Name: _____ Student Number: _____

Certifying Instructor's Name: _____

Instructor's Signature: _____ Date: _____

I certify that I have examined the documentation provided by the above named student from _____ (*college name*) and that they are equivalent to courses at FIU as listed below.

Transferred Courses:

FIU Equivalent:

Approved by: Department Chair