

Department of Physics and Astronomy  
**Biomedical Physics**  
**Tentative Plan of Work**

Name:.....

Program/Major:.....

Minor:.....

Advisor:.....

<u>Fall 20.....</u>	<u>Winter 20.....</u>	<u>Spring/Summer 20.....</u>
<u>Fall 20.....</u>	<u>Winter 20.....</u>	<u>Spring/Summer 20.....</u>
<u>Fall 20.....</u>	<u>Winter 20.....</u>	<u>Spring/Summer 20.....</u>
<u>Fall 20.....</u>	<u>Winter 20.....</u>	<u>Spring/Summer 20.....</u>