



**APPLICATION FOR REGISTRATION FORM**  
**DOCTOR OF PHILOSOPHY**  
**RESEARCH (BMI 792)**  
**ARIZONA STATE UNIVERSITY**  
**SCHOOL OF COMPUTING AND INFORMATICS**  
**DEPARTMENT OF BIOMEDICAL INFORMATICS**

Last Name	First Name	10 Digit Student ID	Date
Email	Semester	Year	BMI 792 Credit Hours (1-12)
Student Signature			

After filing a Final Program of Study with the Graduate College, the student may register for **BMI 792**. A minimum of twelve (12) hours of BMI 792 is required.

Name (Please print)	Rank/Department	Signature
Research Advisor		
Committee Member		
Committee Member		
Committee Member		
Committee Member		