**Biomedical Graduate Studies**

**Request for Enrollment in Extra Courses and Non-BGS Courses at Thesis Level**

Name:

Graduate Group & Program (if applicable):

Course:

Dissertation Advisor Name:

Please provide a short paragraph detailing how this course relates to your PhD Training and/or your career interests:

Is this course a requirement of a Certificate Program? If so, please indicate which program:

Dissertation Advisor Signature:

Will the additional coursework adversely affect progress toward the PhD degree?  
Yes              No

Graduate Group Chair Signature:

**Please send completed form to: Kyle Brown (**[**kyle.brown@pennmedicine.upenn.edu**](mailto:kyle.brown@pennmedicine.upenn.edu)**) and email a copy to your graduate group coordinator.**