**Request for Waiver of Computer Science Prerequisite or Waiver/Transfer of Credits for Required Course(s) in the Biomedical Informatics Program**

Name:

Email:

Date:

1. Request for Waiver of Computer Science **Prerequisite**

Please describe the prior courses or experience which you believe should substitute for the required **non-credit** **prerequisite** in computer programming:

Include transcripts, course descriptions or syllabi from prior CS courses.

Include a CV showing prior CS experience.

2. Request for Transfer of Credits or Waiver of Computer Science **Required Course(s).**

Students may transfer in approved credits if the course taken is no more than 7 years old and the final grade was a B or higher (a B- grade is not accepted).

**Health and Clinical Informatics Major**

**Required courses:**

⁭ BMI 540 Computer Science and Programming for Clinical Informatics

⁭ BMI 544 Databases

**Individual Competency courses:**

⁭ BMI 524 Analytics for Healthcare

⁭ BMI 546 Software Engineering

⁭ BMI 548 Human Computer Interaction in Biomedicine

**Bioinformatics and Computational Biomedicine Major**

**Required courses:**

⁭ BMI 535 Management and Processing of Large Scale Data

⁭ BMI 543 Machine Learning

⁭ BMI 546 Software Engineering

⁭ BMI 565 Bioinformatics Programming and Scripting

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**Reason for request:**

⁭ Prior undergraduate or graduate degree in Computer Science\*

⁭ Prior graduate coursework in Computer Science (without a CS degree)\*\*

⁭ Significant work experience in Computer Science\*\*\*

Please describe the prior courses or experience which you believe should substitute for the **Required or Individual Competency course(s)** in computer science:

\*Include transcript showing CS degree

\*\*Include graduate-level transcripts, course descriptions or syllabi from prior CS courses.

\*\*\*Include a CV showing prior CS experience.

Submit this Request for Waiver and required documents to:

Diane Doctor, Educational Programs Coordinator

OHSU – Biomedical Informatics

Mail code: BICC 504

3181 SW Sam Jackson Park Rd.

Portland, OR 97239

[doctord@ohsu.edu](mailto:doctord@ohsu.edu)