 **Request for Waiver of Computer Science Prerequisite or Required Course(s)**

**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 **prerequisite** in computer programming:

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

Include a CV showing prior CS experience.

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

**Clinical Informatics Track**

**Required courses:**

⁭ BMI 540 Intro to Computer Science with Java Programming

⁭ BMI 544 Databases

**Individual Competency courses:**

⁭ BMI 542 Computer Networks

⁭ BMI 546 Software Engineering

⁭ BMI 548 Human Computer Interaction in Biomedicine

**Bioinformatics and Computational Biology Track**

**Required courses:**

⁭ BMI 535 Management and Processing of Large Scale Data

⁭ BMI 546 Software Engineering

⁭ BMI 565 Bioinformatics Programming and Scripting

⁭ CS 559 Machine Learning

**Reason for request:**

⁭ Prior undergraduate or graduate degree in Computer Science\*

⁭ Prior 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 course(s)** in computer science:

\*Include transcript showing CS degree

\*\*Include 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)