Name of Specialization: ____________________________________________________________

Student Name: ________________________________________ BU ID# ____________________

Dept/Major: __________________________________________ Email Address: __________________

Advisor: ______________________________________________ Expected Date of Graduation: 

Instructions: Please check one of the following ways in which you plan to complete the practicum requirement for the specialization. Depending upon which choice is made, please attach the required documentation as indicated and submit to the Graduate Programs Office no later than February 1st for a spring graduation, July 1st for a September graduation, or November 1st for a January graduation.

I plan to complete the practicum requirement of the specialization by:
❒ Independent study (Attach proposal)
❒ Project (Attach proposal)
❒ Thesis (Attach copy of Directed Study petition with proposal)
❒ Course satisfying practicum
❒ Other __________________________ (Attach proposal)

Course number: __________________________

Name of Specialization Practicum Supervisor: ________________________________________

Student Signature: ____________________________ Date: _______________________

SPECIALIZATION PRACTICUM PROPOSAL APPROVAL

Proposed Specialization Practicum Reviewed by: ________________________________

( ) Approve ( ) Deny

(Signature of Specialization Coordinator) ________________________ DATE

SPECIALIZATION PRACTICUM SUMMARY APPROVAL

(after completion of practicum – see Practicum approval instructions at http://www.bu.edu/eng/academics/masters/specializations/)

Summary/Evaluation received in Graduate Programs Office on ________________ by ________________________________

Summary Reviewed by: _______________________________________________________

( ) Approve ( ) Deny

(Signature of Specialization Coordinator) ________________________ DATE

Comment(s): __________________________________________________________________