Concentration in Technology Innovation
Experiential Component Proposal Approval Form

Return completed form to ENG Undergraduate Records Office, 44 Cummington Mall, Room 107.

Student Name:____________________________________________   BU I D# ________________________________
Dept/Major:_______________________________________________  Email Address:___________________________
Advisor:______________________________________ Expected Date of Graduation:____________________________

Instructions: Complete the checklist below, providing the required documentation. This form must be submitted to the Undergraduate Records Office (ERB 107) no later than December 1st of the senior year.

Upon completion of the proposed experiential component, you will need to submit a written summary of your work, signed (approved) by your supervisor. See reverse of this form for specific instructions.

I plan to complete the experiential component requirement for the Technology Innovation Concentration by:
☒ Research Experience in Lab
☒ Internship in Technology Innovation
☒ Directed Study in Technology Innovation (Attach copy of Directed Study petition with proposal)
☒ Senior Design Project
☒ Technology Innovation Scholars Program (TISP)
☒ Other ___________________________

Required supporting documentation:
☒ Attached copy of Experiential Component Proposal

Name of Experiential Component Supervisor: ____________________________________________________________

Student Signature: ___________________________________________ Date: ______________________

EXPERIENTIAL COMPONENT PROPOSAL APPROVAL

Proposal received in Undergraduate Records Office on: ___________________________ by ____________________________
(Date) (Records Coordinator)

Proposal Reviewed by: ____________________________________________________________

☐ Approve  ☐ Deny

(Signature of Concentration Coordinator) DATE

Comment(s): ______________________________________________________________________________________
____________________________________________________________________________________