Concentration in Technology Innovation
Experiential Component Summary 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 **April 15** 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 have completed 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 (required)
- Attached copy of Experiential Component Summary (1p) signed by supervisor (required)
- Attached copy of required summary presentation (powerpoint or equivalent) (required except for TISP)

Name of Experiential Component Supervisor: ________________________________________________

Student Signature: ___________________________ Date: ____________

**EXPERIENTIAL COMPONENT SUMMARY APPROVAL**

Summary/Evaluation received in Undergraduate Records Office on: __________________ by ____________________________
(Date)    (Records Coordinator)

Summary/Evaluation Reviewed by: ____________________________
(Signature of Concentration Coordinator)     DATE

☐ Approve ☐ Deny

Comment(s): ______________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________