MS with Project
Mentored Project Approval Form

Student Name: ______________________________________________________________

Title of Project: ______________________________________________________________

Proposed Project Start Date: __________________________________________________
Proposed Project End Date: __________________________________________________

To the project advisor:
It is the student’s responsibility to schedule a formal meeting with his/her Project Advisor at least once for discussion and approval of this document. Your signature below will confirm your attendance at this meeting. The student must schedule a final meeting with you before the end of the Project Period to receive a second signature indicating completion of the project. You may require the student to turn in either an oral presentation with .PPT slides or a written report as documentation of the work done. You may also require both. A written report should not exceed 10 pages plus figures.

PROJECT ADVISOR

Name (sign and print) ____________________________ Department _______________________

1) ____________________________________________________________, Advisor

REQUIREMENTS (check all that apply)

☐ Oral presentation with .PPT slides
☐ Written report

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Approved: ____________________________ Date: ____________________________

Biomedical Engineering Graduate Committee

PLEASE ATTACH A 1 PAGE DESCRIPTION OF THE PROPOSED PROJECT.