



**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. 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. The student will receive a P/F grade for BE 952.

PROJECT ADVISOR

Name (sign and print)

Department

1) _____, Advisor

REQUIREMENTS (check all that apply)

- Oral presentation with .PPT slides
- Written report

Approved: _____
Director of BME Masters Programs Signature

Date: _____

PLEASE ATTACH A 1 PAGE DESCRIPTION OF THE PROPOSED PROJECT.