



COURSE / DESIGN PROJECT COMPLETION FORM

(Student's Name) (Student's BU ID#) has

Completed the course/design project of :

(Course #) (Course Title)

During the FALL / SPRING Semester of 20____.

Professor's Signature and Date

Student's Signature and Date

Print Professor's Name

Department Approval and Date

Please return completed form to the Undergraduate Records Office at
44 Cummington Street Room 108.