Practicum Approval Form

Return completed form to ENG Graduate Programs Office, 44 Cummington Mall

Student Name:____________________________________________   BU I D# ________________________________
Dept/Major:_____________________________________________ Email Address:______________________________
Advisor:________________________________________________ Expected Date of Graduation:_____________________

Instructions: Please check one of the following ways in which you plan to complete the practicum requirement for the Master of Science/Master of Engineering Degree. Depending upon which choice is made, please attach the required documentation as indicated. Part 1 of this form should be completed prior to participating in the practicum to ensure approval. Part 2 must be completed after completing the practicum, and submitted to the Graduate Programs Office at 44 Cummington Mall no later than the last day of the final semester of study.

Upon completion of the proposed practicum, you are required to submit a written summary of your work, signed (approved) by your academic advisor.

I plan to complete the practicum requirement for my degree program by:
☐ Company Internship (Attach proposal)
☐ Research or Clinical Rotation (Attach proposal)
☐ Research Lab Internship (Attach proposal)
☐ Government Research Lab Internship (Attach proposal)
☐ Start Up Experience (Attach proposal)
☐ Masters Thesis (Attach proposal)
☐ PhD Dissertation (Attach proposal)
☐ Structured Course Project (Attach proposal)
☐ Independent Course Project (Attach proposal)
☐ Other (Attach proposal)

Academic Advisor Approval: ____________________________________________________________

Student Signature: ___________________________________________ Date: ______________

1. PRACTICUM PROPOSAL APPROVAL

Practicum Proposal Reviewed by: ________________________________

☐ Approve ☐ Deny

(Signature of Department Graduate Associate Chair)    DATE

2. PRACTICUM SUMMARY APPROVAL (after completion of experience)

Summary/Evaluation of Practicum received in Graduate Programs Office on __________________________ by __________________________

Practicum Completed Reviewed by: ________________________________

☐ Approve ☐ Deny

(Signature of Department Graduate Associate Chair)    DATE

Comment(s): ____________________________________________________________