



## Declaration of Concentration in Technology Innovation

**Students:** Complete all fields outlined in blue and sign by typing into the appropriate field. Please e-mail the completed form to [engrec@bu.edu](mailto:engrec@bu.edu); you may need to meet with your faculty advisor to discuss the concentration. General questions regarding any concentration should be directed to [engrec@bu.edu](mailto:engrec@bu.edu); all others should be directed to the Technology Innovation Concentration Coordinator.

Requirements may be found [here](#).

*Please Note:* Students applying for the concentration must have a declared major on record.

Student Name: \_\_\_\_\_ BU ID# \_\_\_\_\_

Major: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Advisor: \_\_\_\_\_ Class Year: \_\_\_\_\_

PROPOSED COURSES FOR CONCENTRATION	CREDITS	SATISFIES (Major Requirement)	OFFICE USE ONLY	
			Sem/Yr	Grade
<b>REQUIRED COURSES</b>				
1. QST SI 480: Business of Technology Innovation	4.0			
2. QST SI 482: Strategy for Technology Based Firms Pre-Req: QST SI 480	4.0			
<b>ELECTIVE COURSE</b>				
3.	4.0			
<b>EXPERIENTIAL COMPONENT *</b>				

**Total Credits for Concentration:** **12.0**

*\* Please Note:* In addition to the courses listed above, a Concentration in Technology Innovation requires an Experiential Component in Technology Innovation. This requirement may be satisfied by a senior design project, laboratory research, industrial internship, or a directed study. A separate **Experiential Component Approval Form** must be submitted prior to the experience in order to approve this requirement. Contact [engrec@bu.edu](mailto:engrec@bu.edu) with questions regarding the Experiential Component.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

\_\_\_\_\_

Hegis

\_\_\_\_\_

Verification

\_\_\_\_\_

Date Posted