



Experiential Component Proposal Approval Form
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 for review, along with any requested attachments. General questions regarding the Experiential Component for a Concentration in Technology Innovation should be directed to engrec@bu.edu; requirements may be found at http://www.bu.edu/eng/academics/programs/concentrations/tech-innovation. The experiential component proposal must be submitted prior to the experience and SI 480 must be completed prior to the Experiential Component.

Student Name: _____ BU ID# _____

Major: _____ Email Address: _____

Advisor: _____ Class Year: _____

I plan to complete the experiential component requirement for the Technology Innovation Concentration by:
**Please note all group projects require an individual written proposal

Research Experience in Lab

Internship in Technology Innovation

Senior Capstone Project (If not known, indicate when project will be identified: _____)

Directed Study in Technology Innovation (Attach copy of Directed Study Petition with proposal)

Other: _____

* QST SI 480 satisfactorily completed prior to Experiential Component

Required Supporting Documentation:

Attached Copy of Experiential Component Proposal

Name of Supervisor: _____

I acknowledge that upon completion of the proposed experiential component, I will need to submit a written summary of my experience, signed (approved) by my supervisor. I also acknowledge that SI 480 will have been completed satisfactorily prior to the Experiential Component. Completed summaries and general questions may be submitted to engrec@bu.edu.

Student Signature: _____ Date: _____

Office Use Only

EXPERIENTIAL COMPONENT PROPOSAL APPROVAL

Approve
Deny

Proposal Reviewed By : _____ Date: _____
Signature of Concentration Coordinator

Comments: