



Experiential Component Proposal Approval Form
Concentration in Aerospace

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 your written proposal. General questions regarding the Experiential Component should be directed to engrec@bu.edu all other questions should be directed to the concentration coordinator; The experiential component proposal must be submitted prior to the experience and no later than last day of Fall semester classes, senior year.

Student Name: _____ BU ID# _____
Major: _____ Email Address: _____
Advisor: _____ Class Year: _____

I plan to complete the experiential component requirement for the Aerospace Concentration by:

**Please note all group projects require an individual written proposal

Research Experience in Lab (Attach proposal)

Internship in Aerospace field (Attach proposal; Proposal must be submitted prior to experience)

Senior Capstone Project

Directed Study in Aerospace (Attach copy of Directed Study Petition with proposal)

Other: _____

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. 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: