



Experiential Component Summary 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 summary must be submitted no later than April 15 of senior year.

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

I have completed 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: \_\_\_\_\_

Required Supporting Documentation:

- Attached Copy of Experiential Component Proposal (Required)
Attached Copy of Experiential Component Summary (1 page, Signed by Supervisor; Required) Attached
Copy of Required Summary Presentation (PowerPoint or equivalent; Required )

Name of Supervisor: \_\_\_\_\_

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

Office Use Only

EXPERIENTIAL COMPONENT SUMMARY APPROVAL

Summary/Evaluation received in Undergraduate Records Office on \_\_\_\_\_ by \_\_\_\_\_

Approve Deny Proposal Reviewed By : \_\_\_\_\_ Date: \_\_\_\_\_
Signature of Concentration Coordinator

Comments: