



Technology Innovation Proposal Approval Form

Note: Proposal must be submitted prior to experience.

Students: 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 proposal must be submitted prior to the experience; requirements and final deadlines may be found [here](#). **In addition, QST 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:

- Research Experience in Lab
- Internship in Technology Innovation Location (State): _____ In-Person Remote
- Senior Design Project
- Other: _____

Required Course: QST SI 480 has been completed prior to the Experiential Component.

Required Supporting Documentation:

- Attached Copy of Experiential Component Proposal
- I acknowledge that for all group projects, individually written reports must be submitted to be used for the Experiential Component.

Name of Supervisor: _____

I acknowledge that upon completion of the proposed experiential component, I will need to submit a written summary and presentation (slides and video recording) of my experience. A completed report and presentation must be submitted to engrec@bu.edu by April 15.

Student Signature : _____ Date: _____

Approve Proposal Reviewed By: _____ Date: _____

Deny Signature of Concentration Coordinator

Comments: