Boston University College of Engineering Mechanical Engineering

BUM=CH=

110 Cummington Mall Boston, Massachusetts 02215 T 617-353-2814 F 617-353-5866

Mechanical Engineering MS Independent Study Proposal Form

Student Name:	BU ID:	Email:
Semester and Year of Registration		
Semester:	Year:	
Independent Study Proposal Overv	view	
proposal, and is willing to supervise the expected quality of such projects. Prop	e project and to assist the stude losals must be 3–5 pages in leng t their independent study towa	they have read the proposal, approval of the ent in meeting departmental standards for the eth, double-spaced, and typed in 11-point ends their degree requirements, they must also academic programs team.
•	ich should include:	
Faculty Member Name (Printed):	NAME	SIGNATURE
Faculty Member Signature:	NAME	SIGNATURE
(if needed) Co-Advisor Name (Printed):		JIGNATORE
	NAME	SIGNATURE
Co-Advisor Signature:	NAME	SIGNATURE
Return completed	d form to the MechE Academic Prog	grams at 110 Cummington Mall
Administrative Program Use Only		
Director of MS Programs Approval:		Date:

After this form is completely signed, the administrative office will register the student for the appropriate course and credit load.