



MS with Project Mentored Project Approval Form

Student: _____

Email: _____

Title of Project: _____

Project Start Date: _____

Project End Date: _____

To the Project Advisor:

It is the student's responsibility to schedule a formal meeting with their Project Advisor at least once for discussion and approval of this document. Your signature below will confirm your attendance at this meeting. You may require the student to turn in either an oral presentation with .PPT slides or a written report as documentation of the work completed. You may also require both. A written report should not exceed 10 pages plus figures. The student will receive a P/F grade for BE 952.

Please note that a BME co-advisor is required for project advisors without a BME affiliation.

PROJECT ADVISOR

_____ Signature	_____ Affiliation (ex. BU BME)	_____ Email
--------------------	-----------------------------------	----------------

BME CO-ADVISOR (if required)

_____ Signature	_____ Affiliation (ex. BU BME)	_____ Email
--------------------	-----------------------------------	----------------

REQUIREMENTS (check all that apply)

- ☐ Oral presentation with .PPT slides
- ☐ Written report

Department Approval: _____

Mario Cabodi, Director of BME Masters Programs

PLEASE ATTACH A ONE PAGE DESCRIPTION OF THE PROPOSED PROJECT.