Boston University Department of Biomedical Engineering 44 Cummington Mall Boston, Massachusetts 02215 T 617-353-2805 F 617-353-6766 www.bu.edu/bme



PhD Internship Experience Approval Form

Student:	
BUID#:	
Paid or Unpaid (Y/N):	
Health Insurance Covered by Company (Y/N): _	
Internship Start Date:	
Internship End Date:	
Summary of Internship Responsibilities and Obj	ectives as Related to Research or Career Development:
	Research Advisor's Signature and Date
Student's Signature and Date	Research Advisor's Signature and Date
Course Registration (please check)	
☐ BE 810 A1 − Full Time, 4 credits	
☐ BE 811 A1 – Part Time, 2 credits	
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Department Approval:	
Darren Roblyer,	Associate Chair for Graduate Programs

PLEASE ATTACH OFFICIAL INTERNSHIP OFFER LETTER