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



MS Proposal and Advisory Committee Form

Student:	
stadent.	
Advisor(s):	
MS Proposal Date:	
The Advisory Committee must have a minimum o	of three members:
appropriate BME Research Associates	imary faculty (tenured or tenure-track) n the BME primary faculty, BME affiliated faculty, or an be from other BU departments or outside companies
The Chair of the Advisory Committee must be a advisor or co-advisor.	primary BME faculty member who is NOT the research
Please note that students cannot propose and de	efend their thesis in the same semester.
discussion and approval of the proposal documen	rmal meeting with committee members at least once for at. Faculty signatures below confirm attendance at this MS a serve on the MS Thesis student's Advisory Committee.
Committee Me	embers and Affiliations
Print and sign your name below	EXAMPLE: Mary Dunlop, BU BME
Chair:	
Member 2:	
Member 3:	
Member 4:	

Department Approval: _____