



College of Engineering

Declaration of Specialization Cybersecurity, AI/ML, Robotics

Students: Please email your advisor the form once completed for their approval.

Advisors: Please email signed form to enggrad@bu.edu for processing by GPO.

Name of Specialization: _____

Student Name: _____ BU ID# _____

Dept/Major: _____ Email Address: _____

Advisor: _____ Expected Date of Graduation: _____

Instructions: ENG students declaring a Specialization should complete this form, obtain the signature of their faculty advisor below and emailed to **enggrad@bu.edu** for processing no later than:

March 1st for May graduation, July 1st for August graduation, or November 1st for January graduation.

PROPOSED COURSES FOR Specialization	UNITS	SATISFIES Practicum (Y/N)	Term/Year	Grade
REQUIRED COURSES				
1.	4			
2.	4			
ELECTIVES (Choose 2)				
3.	4			
4.	4			
Total units for Specialization:		16		

In addition to the courses listed above, each Specialization must meet a Practicum requirement. A separate **Practicum Approval Form** is required and can be attached to this Application or submitted separately.

Student Signature: _____ Date: _____

Faculty Advisor Signature: _____ Date: _____

Office Use Only

Records Office Verification

Date posted