BU College of Engineering

Specialization Practicum Approval Form
Data Analytics, AI/ML, Robotics

Students: Please email your advisor the form once completed for their approval.
Practicum Coordinator: 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: Please check one of the following ways in which you plan to complete the practicum requirement for the specialization. Depending upon which choice is made, please attach the required documentation as indicated and submit to the Graduate Programs Office **no later than March 1st for May graduation, July 1st for August graduation, or November 1st for January graduation.**

Upon completion of the proposed practicum, you will need to submit a written summary of your work (if required), after review by the Specialization Coordinator.

I plan to complete the practicum requirement of the specialization by:

❒ Independent study (Attach proposal)

❒ Project (Attach proposal)

❒ Thesis (Attach copy of Directed Study petition with proposal)

❒ Course satisfying practicum

❒ Other _____ (Attach proposal)

Course number:_____ *If EC521 is used for Cybersecurity specialization, no signature is needed from the specialization coordinator.

Name of the Specialization Coordinator: _____

Student Signature: _____ Date: _____

SPECIALIZATION PRACTICUM APPROVAL

Proposed Specialization Practicum Reviewed by: _____

(Signature of Specialization Coordinator) **DATE**

❒ Approve ❒ Deny

SPECIALIZATION PRACTICUM SUMMARY APPROVAL (IF REQUIRED)

Summary Reviewed by:

_____

(Signature of Specialization Coordinator) **DATE**

❒ Approve ❒ Deny

Comment(s): _____

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