

MS & MEng Engineering Practice Approval Form

Student Name:	BU ID:
Dept/Major:	Email Address:
Advisor:	Expected Date of Graduation:

Part 1: Completion of this form indicates the student's decision to enter the *Engineering Practice* for the Master of Science or Master of Engineering Degree. If you are in good academic standing, have completed two semesters within the Graduate Programs in the College of Engineering at Boston University, you may complete experience-based learning options contingent upon: (1) securing an advisor approved work experience, or other approved learning based experience; (2) submitting the required documentation to enggrad@bu.edu.

Part 2: Upon completion of the proposed experience, you are required to submit a written summary of your work, along with this form electronically signed by your academic advisor to the Graduate Programs Office, enggrad@bu.edu, **no later than the last day of the final exam period.**

I plan to complete the Engineering Practice requirement for my degree program by:

□ Company Internship (Attac	ch proposal)	
Other (Attach proposal)		*Electronic Signatures Preferred
Student Signature:		Date:
1. PROPOSAL APPROVAL		
Proposal Reviewed by:		
Approve Deny	(Signature of Academic Advisor)	
Reviewed/Enrolled by:		
	(Graduate Programs Office)	
2. SUMMARY APPROVAL (after completion of work experience)	
Completion Reviewed by:		
Approve Deny	(Signature of Academic Advisor)	
Comment(s):		