



University at Buffalo

Department of Biomedical Engineering

Jacobs School of Medicine and Biomedical Sciences

School of Engineering and Applied Sciences

engineering.buffalo.edu/biomedical

MS PROJECT APPROVAL FORM

Biomedical Engineering MS students fulfilling the Project option are required to obtain approval from their BME Project Reader and their Faculty Advisor when they submit their final project. Students must email this completed form along with an electronic copy of the Project to the Academic Coordinator by the designated deadline provided by the department for the student's associated conferral date.

Student's Name: _____
Last Name First Name Middle

Person Number: _____ Expected Conferral Date: _____

The title of my project is: _____

Faculty Advisor Name _____

Student's Signature _____ Date _____

PROJECT APPROVAL RESULTS

Project Reader:

Project Reader Name

Please check the appropriate result:

- ☐ Approve
☐ Approve with a re-write of the document
☐ Reject

Project Reader Signature

Date

Faculty Advisor:

Faculty Advisor Name

Please check the appropriate result:

- ☐ Approve
☐ Approve with a re-write of the document
☐ Reject

Faculty Advisor Signature

Date

(COMPLETED AFTER SUBMISSION TO ACADEMIC COORDINATOR)

Graduate Director's Signature

Date