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*Approved by (initial)*

*Date*

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*Project Title*

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*Project Semester*

*Project Credits Requested (1-6)*

**Note:** Bioengineering students **may not** register for 3 or more credits of BIOENG 1095 before successfully completing BIOENG 1002.

### STUDENT INFORMATION

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*Last*

*First*

*M.I.*

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*E-mail*

*PeopleSoft #*

*Department*

### FACULTY MENTOR INFORMATION

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*Last*

*First*

*M.I.*

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*Title*

*Department*

*School*

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*E-mail*

*Campus Address*

*Phone*

The student **is not** being paid to perform the project research.

Please provide a 400-word description of the proposed scope of work on the next page. Please include the expected hours per week that will be dedicated to the project.

### STUDENT AND FACULTY MENTOR SIGNATURES

We attest that all information submitted on this application is accurate.

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*Student Signature*

*Date*

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*Faculty Mentor Signature*

*Date*

## PROJECT/WORK DESCRIPTION

Please provide a 400-word description of the proposed scope of work. Please include the expected hours per week that will be dedicated to the project.

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*Enter text*

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*Expected Hours per Week*

Submit completed application using the following [survey](#).