**Biomedical Engineering Minor Research or Design Project Pre-Approval Request Form**

Please email your completed form to the Director of Bioengineering, Dr. Fischer, fischer@ku.edu

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

Student ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you added the Biomedical Engineering Minor to your plan using the Change of Major form?** Yes/No

(You must add the Biomedical Engineering Minor for your request to be approved.)

Below, enter the number and title of the research/design course you are planning to complete for the Research and Design project for the Biomedical Engineering Minor, as well as the planned semester. If it is an outside internship, then enter “Internship:” followed by the business name. If it is a research experience for undergraduates program, enter “REU:” followed by the University name and the REU title. If it is a different directed outside experience, enter “Other:”, followed by the university or business name.

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Course Number/Title Planned Semester(s)

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Research/Design Project Title

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Research Mentor Name Research Mentor Email Phone

Description of planned research/design activities (400 words or less):