

WPI Department of Biomedical Engineering Master's Project Declaration form

Project Sponsor and contact information:

Project Title:

Description of proposed project:

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed description of the proposed project. The box occupies the majority of the lower half of the page.

Desired outcomes

DESIRED START (Please indicate (X) in the appropriate section for this project):

Masters Project

___ **Fall Semester** (August – December)

___ **Spring Semester** (January – April)

___ **Summer** (May – July)

WPI Faculty Advisor (optional): If you have a preferred WPI faculty advisor for this project, you may request him or her here. _____

Competencies to met by this project (select up to 2):

- Mathematics
- Life Science
- Clinical Needs
- Regulation/controls
- Value creation

Sponsor Approval documented _____