**EBME 398 or 399 PROJECT PROPOSAL FORM**

**CASE WESTERN RESERVE UNIVERSITY**

**Department of Biomedical Engineering, School of Engineering**

Revised

New

**Title of project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **NAME** | **DEPT** | **SIGNATURE** | **CWRU****ID** | **Date** |
| **Student** |  |  |  |  |  |
| **Project Advisor**BME primary or adjunct only |  |  |  |  |  |
| **Research Advisor** Not required if BME instructor is listed  |  |  |  |  |  |

**Summary of project:** must fit in this space. The following topics must be addressed

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| --- |
| 1. Proposed project described in one paragraph
2. What is the expected outcome
3. How would this contribute to the advancement of biomedical science or engineering
4. Is this a research or a design project?
5. What is the engineering design component if it is a research project and research component if it is a design project
6. Timeline
7. Is this co-op project? If yes you need to get approval from Dr Gratzl prior to your leave for co-op
8. Do you intend to use your senior project as a technical elective? If yes explain briefly how would the project enhance your knowledge in the field of your specialty area. Also please specify the new technical material you will master, and a plan for assessing mastery.
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For Course Administrator only:

Approved: Name: Signature: Date: \_\_\_\_\_\_\_\_

**This form must be filled out, signed and submitted in final form the Wednesday of the Drop/Add week at 5:00pm to Dr Gratzl via email (miklos.gratzl@case.edu). Note that if the form is not submitted on time your name will be removed from this class roster. It is recommended that a first draft of this form be submitted one week prior to the drop/add date in case a revision is needed. NOTE: The first class meeting is at 5:30 pm on the first Monday following the Drop/Add period.**