

Undergraduate Research Opportunities Program (UROP)

Boston University
775 Commonwealth Avenue, 5th floor
Boston, Massachusetts 02215
617-353-2020
email: urop@bu.edu
website: www.bu.edu/urop



Mentor Abstract Approval Form

All students who have received summer funding through UROP are required to submit an abstract. These abstracts are compiled into a digital booklet, that will be published on OpenBU. This platform is only accessible to BU faculty, students, and staff. Nonetheless, this precaution cannot guarantee that the abstract will not be viewed by people outside of the BU community. Please work with your student to ensure that their abstract meets your approval prior to signing this form.

Student Name: _____

Student BUID: _____

Mentor Name: _____

Mentor Department: _____

Mentor Email: _____

Abstract Title: _____

MENTOR'S APPROVAL

I acknowledge that I have reviewed _____ (STUDENT'S NAME) abstract and give permission to allow its inclusion in the on-line UROP Symposium booklet.

Mentors Name (printed): _____

Signature: _____