



Boston University Industry Experience Program

P.I. Consent Form

Name of Participant

Last Name: _____

First Name: _____

I understand that the Participant identified above will participate in the Industry Experience Program, including by spending time at biotech and other local companies. I have discussed with Participant any concerns I have about the Participant sharing information about the work of my lab as well as what aspects of work in my lab should be considered confidential and/or proprietary. I consent to Participant participating in the Boston University Industry Experience Program.

Principal Investigator Signature

Principal Investigator

Name: _____

Department: _____

Please send this completed form to [Yolanta Kovalko, Administrative Manager, Office of Postdoctoral Affairs, Division of General Medical Sciences, Room L-315, 72 East Concord Street, Boston, MA 02118].