



BOSTON COLLEGE

OFFICE OF THE ASSOCIATE DEAN
CARROLL SCHOOL OF MANAGEMENT

CSOM Practicum Credit for Internship

CSOM students who have completed courses through the first semester of sophomore year are eligible to seek one credit P/F internship. Students are responsible for locating the internships but registration for the credit is done in the Associate Dean's office.

Several restrictions apply:

1. You cannot receive more than two practicum credits during your four years at BC
2. No more than one practicum per semester or per summer
3. The practicum must be at least 10 hours per week
4. The internship must be unpaid
5. Practicum credits will not be counted towards degree requirements

Registration:

After you have completed the form, bring it to the Associate Dean's office, Fulton 360. The form requires the signature of the supervisor at the internship site, a description of responsibilities, and a promise to submit an evaluation of work when the internship is complete. It is your responsibility, when the internship is complete, that an evaluation letter is submitted to the Associate Dean's office. You will not receive a grade until the letter has been submitted.

Consideration in Selecting an Internship

Practical business experience can be an important complement to your academic studies. But it is important to remember that you should not sacrifice academic performance for the sake of experience. While the thrill of "working" on State Street may be considerable, and very different from the humdrum of academic routine, the best long-term investment you can make is in your own intellectual capital. That's what University life does best.

Make sure that you will be in a position to learn as well as do.

Make sure that the number of hours required is reasonable, given the other demands on your time.



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CSOM Practicum Form

Name: _____ Eagle ID# _____

E-mail: _____ Class of: _____

Sponsoring Organization: _____

Position: _____ Total hours: _____

Fall Spring Summer 20__

Description of Responsibilities

I agree to supervise the above named student and provide a final evaluation upon successful completion of the internship.

Name: _____ Signature: _____

Position/ Title: _____

Phone: _____ Date: _____

Dean's Approval for Credit

Signature of Dean: _____

Title: _____ Date: _____

This certifies that _____ will receive one academic credit for an internship with: _____