



BOSTON COLLEGE

OFFICE OF THE SENIOR ASSOCIATE DEAN
CARROLL SCHOOL OF MANAGEMENT

Carroll School of Management Practicum Credit for Unpaid Internships

Carroll School students who have completed courses through the second semester of freshman year are eligible to seek a one-credit pass/fail course for an unpaid internship. Students are responsible for securing the internship themselves. Registration for the one-credit course is done through the Senior Associate Dean's Office.

Requirements

1. Students cannot receive more than two practicum credits during your time at Boston College. (Note: Students will not be charged tuition for the 1st time they receive the practicum credit. If the 2nd practicum credit is completed over the summer, students will be charged tuition for one credit.)
2. Students cannot complete more than one practicum per semester or summer.
3. The internship must be at least 10 hours per week.
4. The internship must be unpaid.

Registration

Complete this form and email it to carrollug@bc.edu or bring it to the Senior Associate Dean's Office in Fulton 315. The form requires a signature of the supervisor at the internship site and a brief description of responsibilities. When the internship is complete, a letter of evaluation on the organization's letterhead must be submitted to the Senior Associate Dean at carrollug@bc.edu. Our office will not process the credit until the letter has been submitted. It is the responsibility of the student to have their supervisor submit the letter.

Considerations in Selecting an Internship

Practical business experience can be an important complement to your academic studies. It is important to remember that you should not sacrifice academic performance for the sake of experience. Make sure you are in a position to learn as well as due. Make sure the number of hours required is reasonable, given the other demands on your time.



BOSTON COLLEGE

OFFICE OF THE SENIOR ASSOCIATE DEAN
CARROLL SCHOOL OF MANAGEMENT

Carroll School of Management Practicum Form

Name: _____ Class Year: _____

Eagle ID: _____ Email Address: _____

Sponsoring Organization: _____

Position: _____ Total Hours: _____

Fall/Spring/Summer: _____ Year (e.g. 2020) _____

Description of Responsibilities (To be completed by the supervisor)

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

Name (Printed): _____

Signature: _____ Date: _____

Email Address: _____

Student's Position/Title: _____

Dean's Approval

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

Signature: _____, Senior Associate Dean

Date: _____