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.
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.

Cost

As of summer 2022, students who register for the practicum during the summer will be charged tuition for one credit and a registration fee. Details for these costs can be found at bc.edu/summer. If a student registers for the one-credit during the fall or spring semester, they will not be charged an additional tuition fee, unless they are attempting to accelerate their graduation term.
Carroll School of Management Practicum Form

Name: _____________________________________________________ Class Year: ________________

Eagle ID: ___________________________ Email Address: ____________________________________

Sponsoring Organization: ________________________________________________________________

Position: _________________________________________________ Total Hours: ________________

Fall/Spring/Summer: _________________ Year (e.g. 2023)____________________

Description of Responsibilities (To be completed by the supervisor)

I agree to supervise 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: _______________________________