

Student _____

BU ID# _____

Email _____

Class Year _____

Major _____

Area of Internship _____

Name + Address of organization _____

Name + Contact Info of On-Site Supervisor _____

Internship Description

Describe briefly the work you will perform

PURPOSE OF WORK (RELEVANCE TO ACADEMIC EXPERIENCE):

GOALS/ LEARNING OBJECTIVES:

DELIVERABLES/FINAL PRODUCTS:

Work schedule

Specify dates and times you will work. 2 credit internships require 80–150hrs over 6–14 weeks.

NOTE: SERVICE FALLING OUTSIDE OF THIS RANGE IS SUBJECT TO FACULTY APPROVAL.

Evaluation

Is on-site supervisor willing to evaluate student performance according to specified criteria?

ON-SITE SUPERVISOR SIGNATURE REQUIRED

Approval of Proposal

ON-SITE SUPERVISOR

FACULTY SUPERVISOR

INTERNSHIP COORDINATOR

STUDENT

Evaluation

TO BE FILLED OUT BY ON-SITE SUPERVISOR UPON COMPLETION OF INTERNSHIP

Were the tasks outlined in 'internship description' achieved effectively?

Did the student demonstrate creativity and ability to complete work according to project guidelines?

Did the student effectively interact/collaborate with others?

Assess the student's professional attitude.

Was the experience gained beneficial to the student's field of study?

Additional notes: