Required Documentation:

Please email the Graduate Programs Office (GPO) at enggrad@bu.edu the following paperwork:

1. Proposal of work to be accomplished during the internship and why this work is relevant to your program of study. We suggest the proposal be 2-3 paragraphs, up to one page maximum.

2. Offer letter from organization where internship will take place. Must include:
   a) Written on organization letterhead
   b) Internship position, compensation, and outline of responsibilities
   c) Name and contact information of internship manager
   d) Start and end dates of the internship
   e) Location of internship

3. Completed Engineering Practice Approval Form signed by student and Academic Advisor.

   For International Students (Required):

You must apply for CPT through ISSO. Please make an appointment with ISSO Advisor to review all documents listed above and to review any international related questions.

   *Note: You should apply for pre-completion OPT at the start of your internship if you plan to continue working after the semester that your CPT ends.

To fill out the CPT Form & Student Acknowledgement Form

- Under Section #4, “Curricular Requirement”: Choose B) Required for Degree or Program completion and list Engineering Practice Course: EK697 (part-time) or EK698 (full-time)

- Under Section #5, “Course Information”, complete as following:
  a) Enter appropriate course number
  b) Title: Internship
  c) Credits - 0
  d) This course is “Mandatory”
  e) Enter the instructor as the appropriate program chair or leave blank

- Under Section #5, Leave blank. “Certification by Boston University Internship Coordinator/Advisor, Instructor”

For all students:

At the completion of your internship, you must submit a brief report/summary outlining your work experience to your Academic Advisor and a brief summary/review from your internship supervisor, if possible. This summary, and all the previously submitted supporting documents, must be forwarded to GPO for the grade to be posted.

1. A grade of pass ‘P’ must be achieved to receive this degree and transcript notation for this degree option (e.g., Master of Science in Mechanical Engineering with Engineering Practice).

2. A non-passing grade will result in your returning to your original degree (e.g., Master of Science in Mechanical Engineering).

*NOTE: Please ensure all signatures on all forms are not locked prior to emailing to GPO.
Student Name: ___________________________ BU ID: ______________________________
Dept/Major: ___________________________ Email Address: __________________________
Advisor: _______________________________ Expected Date of Graduation: ________________

**Part 1:** Completion of this form indicates the student’s decision to enter the Engineering Practice for the Master of Science or Master of Engineering Degree. If you are in good academic standing, have completed two semesters within the Graduate Programs in the College of Engineering at Boston University, you may complete any of the below experience-based learning options contingent upon: (1) securing an advisor approved work experience, or other approved learning based experience; (2) attaching the required documentation for the selected option (see other side of form); (3) obtaining signed approval from the Director of the Graduate Programs Office.

**Part 2:** Upon completion of the proposed experience, you are required to submit a written summary of your work, along with this form electronically signed by your academic advisor to the Graduate Programs Office, enggrad@bu.edu, **no later than the last day of the final exam period**.

I plan to complete the Engineering Practice requirement for my degree program by:

- [ ] Company Internship (Attach proposal)
- [ ] Internship Summary (attach)
- [ ] Other (Attach proposal)  

*Electronic Signatures Preferred*

Student Signature: ___________________________ Date: ___________________________

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**1. PROPOSAL APPROVAL**

Proposal Reviewed by: ___________________________  
(Signature of Academic Advisor) DATE

[ ] Approve  [ ] Deny

Reviewed/Enrolled by: ___________________________  
(Graduate Programs Office) DATE

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**2. SUMMARY APPROVAL** (after completion of work experience)

Completion Reviewed by: ___________________________  
(Signature of Academic Advisor) DATE

[ ] Approve  [ ] Deny

Comment(s): ________________________________________________________________

Summary/Evaluation received in Graduate Programs Office on _________________________  
DATE