



Summer Internship Support Program Internship Confirmation Form

To Applicant: Please enter your contact information before sending this form to your supervisor.

Student Name:

BU ID:

BU Email Address:

***To Site Supervisor:** The Boston University College of Arts & Sciences (CAS) student named above is applying to the EL Connector's Summer Internship Support Program. The goals of the program are two-fold: 1) to enable CAS undergraduates to take advantage of unpaid or low-paying Boston-based in-person internship opportunities by defraying living expenses; 2) to create a cohort-based community of interns who support and encourage each other while navigating the professional landscape. Selected students will be provided with an air-conditioned room in a Boston University residence hall during the 12-week Summer Term. Housing expenses and a 10-meal-per-week dining plan will be covered by the program. Program participants will be expected to attend in-person meetings with their internship cohort; complete a series of short assignments reflecting on the internship experience; and create a project at the end of their internship that will be shared with the CAS community.*

*As part of their application, each student is required to upload a version of this form, completed and signed by the individual who will be supervising their internship in summer 2025. Please provide your responses and signature below. The priority deadline is **March 19, 2025**; the final deadline is **April 30, 2025**. Kindly return the form to the applicant at the email address above on or before the deadline they are seeking to meet. We anticipate the **form will take you approximately 10 minutes to complete**. Thank you in advance.*

Supervisor Name:

Supervisor Title:

Supervisor Email:

Supervisor Phone:

Name of Organization:

Organization Address:

Check here if the address above is the primary location at which the student will be interning in summer 2025.

If the student will be interning primarily at another location, please provide that address:

Do you confirm that the Boston University student named above has been offered an internship with your organization for summer 2025?

Yes No Other

Student's position title:

Internship start date:

Internship end date:

To qualify for the ELConnector's Summer Internship Support Program, each student's internship must include an in-person component. Do you confirm that your organization will host the student-intern on site at a Boston-area location for at least a portion of their internship?

Yes No Other

How many hours per week will the Boston University student named above intern at your organization?

Approximately how many of those weekly hours will the Boston University student named above be expected to be on site at your organization (rather than interning remotely)?

What days/times will Boston University student named above be interning at your organization each week? (If the schedule has not yet been determined or if the schedule will vary week-to-week, please feel free to indicate that in the space below.)

Do you confirm that the Boston University student named above is expected to intern for a minimum of 120 total hours for your organization between the dates of May 20, 2025, and August 8, 2025?

Yes No Other

Will the Boston University student named above receive any compensation (pay or other financial incentives) for interning with your organization in summer 2025?

Yes No

If you answered “Yes” to the question above, please indicate the total compensation that the student is expected to receive for interning at your organization in summer 2025.

Are you willing to submit a brief report at the end of the internship on the student’s attendance and quality of work?

Yes No Other

Please use the space below if you have additional information you would like to share with the selection committee about the internship opportunity itself or the Boston University student named above whom you have selected as your intern.

By signing below, you indicate that the information above is accurate to the best of your knowledge for the Boston University student named at the top of the document as of the date the form is signed.

Signature of Site Supervisor

Date