Boston University College of Communication

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Boston, Massachusetts 02215
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Boston University College of Communication Internship Confirmation

Please complete this form and return it to Faculty Internship Professor Sheila Sitomer at ssitomer@bu.edu immediately after you have secured an intern position.

This form serves as an agreement between the internship provider and the Boston University Film and Television department student. Registered students will earn 2 academic credits for a minimum of 100 internship hours and 4 credits for a minimum of 200 hours. The student will submit a mid-semester report and an academic paper at the end of their internship to Prof. Sitomer. Internship supervisors will be asked to complete a short evaluation of the student at the conclusion of the internship.

Thank you for your support of the Boston University College of Communication internship program. Prof. Sitomer is available throughout the semester.

Student Name_____ BU I.D. number _____

Email_____ Phone Number _____

Name of Company _____

Address _____

Name and Title of Supervisor _____

Email Address _____ Phone Number _____

Brief Description of Intern Responsibilities: _____

_____

_____

Start Date of Internship _____ End Date _____

# of Internship Hours/Week _____ # of Internship Weeks _____

In-person, remote or hybrid? _____

Supervisor's Signature _____ Date _____

Student's Signature _____ Date _____