Boston University Division of Systems Engineering

15 Saint Mary's Street Brookline, Massachusetts 02446 T 617-353-2842 F 617-353-5548



www.bu.edu/se

PhD Internship Experience Approval Form

Student:	
BUID#:	
Paid or Unpaid (Y/N):	
Health Insurance Covered by Company (Y/N):	
Internship Start Date:	
Internship End Date:	
Summary of Internship Responsibilities and C	Objectives as Related to Research or Career Development:
Student's Signature and Date	Research Advisor's Signature and Date
Course Registration (please check)	
☐ SE 810 A1 – Full Time, 4 credits	
☐ SE 810 A1 − Part Time, 2 credits	
***********	***************
Approved:	Date:
Associate Division Head for Graduat	

PLEASE ATTACH OFFICIAL INTERNSHIP OFFER LETTER