

SBS Graduate Internship Proposal Form and Guidelines for SBS 920

This form should only be completed for students interested in completing an internship, not for credit. International students must complete this form to be considered for Curricular Practical Training (CPT). If you want to complete a 3 credit internship course applicable to your degree requirement, **do not** complete this form. Please consult with your SBS Program Advisor and International Student Services Offices (ISSO-International Students Only) for the appropriate form.

To be completed by student:

Student name: _____

Student ID: _____

Year: _____

Student Phone: _____

Semester (check one): Fall Spring Summer

Student Email: _____

Graduate Program: MBA MMOL MSA MSBA MSF MSM Other (specify program) _____

Course: SBS 920 Graduate (does not apply to HLTH 885, MKT 920 or PAD 859)

Credits: 0 Credits

Name of Company: _____

Address of Company: _____

Name of Internship Supervisor: _____

Please note:

- Read the policies below and be familiar with them.
- You are responsible for completing the required internship proposal form; providing an internship offer and description from the internship company; and receiving approval from International Student Services Office (international students only) **BEFORE** it will be considered by your SBS Program Advisor/Program Director.
- You understand that this is a non-credit course that does not apply to your degree program but will provide you practical experience that is degree and career relevant.
- International students will be able to register for the internship course after it has been verified by the International Student Services Office (ISSO) for Curricular Practical Training (CPT) approval and approved by the SBS Program Advisor/Program Director.

Policies:

- Students must have completed SBS 700, MBA 700 or ISOM 700 (excluding MSA, MSF, MSM, MMOL, MHA and MPA). International students must have completed at least 2 semesters of their graduate program, as well as be in good academic standing. Enrollment status is verified by the International Student Services Office.
- International Students must bring all approved paperwork to the International Student Services Office **before** CPT can be approved.
- Deadline: FIVE business days before the end of the add/drop period for the semester you plan to complete it submit your Internship proposal to the SBS Graduate Programs Office. If the SBS Program Advisor/Program Director denies the proposal *and sufficient time remains within the deadline window*, you may submit a revised proposal with SBS Program Advisor/Program Director approval.
- International students must have each zero credit internship course approval by the International Student Services Office.

If approved, this course must be taken **prior to your degree being awarded**. A grade of "P" (pass) or "F" (fail) will be recorded on your transcript for your internship after receipt of your internship supervisor's evaluation and verification you have completed your practical training by the SBS Graduate Programs Office (businessgrad@suffolk.edu).

Approvals:

The proposal should include the documentation requested on the following page. Final approval is contingent upon review for qualification, CPT guidelines by the International Student Services Office (ISSO-for international students only) and degree/career relevance.

ISSO signature (international students only): _____ Date: _____ approved denied

SBS Program Advisor or Program Director's signature: _____ Date: _____ approved denied

Explanation if denied: _____

**SUFFOLK UNIVERSITY
SAWYER BUSINESS SCHOOL
SBS 920 Graduate Internship**

SBS Graduate Internship Proposal Guidelines

Final approval for international students is pending verification from the International Student Services Office of CPT requirements and qualifications being met.

This must be completed BEFORE you bring the following information to the SBS Program Advisor/Program Director for processing.

Your proposal must detail the following:

1. Completed and approved SBS Graduate Internship Proposal Form
2. Offer letter/email from internship company
3. Name of internship supervisor: _____
4. Description of internship
5. An internship supervisor evaluation must be completed and emailed to the **SBS Graduate Programs Office** (businessgrad@suffolk.edu) at the end of your internship in order for the course to appear on your transcript.

SBS 920 AE Graduate Internship Description:

This internship course is for students who are working in an approved graduate level internship in a company, non-profit organization, or public agency. The internship is described in a written proposal agreed upon by the company sponsor and intern. The internship must be approved by the International Student Services Office (international students only), Program Director/Course Coordinator and SBS Dean of Graduate Programs. The internship is intended for international students who wish to participate in a practical, degree related experience. This course does not count toward a degree. International students must receive Curricular Practical Training (CPT) approval with the International Student Services Office PRIOR to beginning an internship.

Credits:	0.00 CEUs
Academic Level:	GR-Graduate
Semesters:	Spring, Summer and Fall
Prerequisite:	SBS 700, MBA 700, ISOM 700 (exceptions: MSA, MSF, MSM, MMOL, MHA and MPA). International students must complete 2 academic semesters before approved. Approval of SBS Program Advisor/Program Director required.

Please note:

Grading: A grade of “P” (pass) or “F” (fail) will appear on your transcript for the non-credit course after receipt of your internship supervisor’s evaluation and verification you have completed your practical training by the SBS Designated Faculty Member.

**SUFFOLK UNIVERSITY
SAWYER BUSINESS SCHOOL
SUPERVISOR/EMPLOYER REPORT
SBS 920 Graduate Internship**

The student named below has enrolled in an internship course to gain practical experience related to their graduate degree and career goals. Please complete this report and return to the student at the completion of their semester long internship.

Name of Student_____

Name of Employer/Company/Organization_____

Address_____

Telephone_____

Form Signed by_____

Title_____

Briefly describe the responsibilities assigned to the student:

Date of employment/work (from/to):

Days and hours of employment/work:

Please evaluate the quality of the student's work:

Other comments:

Signature:_____Date:_____