[Date]

[Method of Delivery]

[Address]

**Re: Paid Internship with [program, faculty member, department, e.g.]**

Dear [Intern Name],

Northeastern University is delighted to offer you the position of Paid Intern with [program, faculty member, department, e.g.]. Your internship is expected to start on [date] and end on [date – not more than one academic year after start and aligned with academic objectives of the internship], but it is at will and may be terminated at any time or if you stop receiving beneficial learning. Your regular work hours are from [start time] to [end time], [days of the week]. However, these hours may vary depending on University need and your academic obligations, as applicable. You will conduct your internship under the close supervision of [internship coordinator name] at the [internship location].

Your compensation will be a stipend in the amount of [$], paid semi-monthly at a gross rate of [$]. This position is considered a nonexempt position for purposes of federal and state wage and hour laws. Thus, you will be eligible for an overtime rate of pay for hours worked in excess of 40 hours in a given work week. Such overtime must be approved in advance by [internship coordinator name] or their designee.

Your responsibilities will include: [provide some detail about expected intern responsibilities. All duties assigned to the intern must be for the intern’s educational benefit and not for the benefit of the university. Interns should not displace paid employees nor should their work be traditionally performed by employees. The work performed by interns should complement the work of employees.]

During your internship, you are required to comply with all applicable university policies and procedures and any training programs the university deems necessary to enable you to safely and efficiently perform your duties. Additionally, you may have access to confidential or proprietary information that you must protect, and you are prohibited from disclosing or using it for any unintended purpose. You are also advised the university owns and retains all rights to its intellectual property. Any intellectual property you may develop during this internship will be assigned to and vest in the university immediately as created.

In compliance with the Immigration Reform and Control Act, you must provide proof of eligibility to work in the United States by completing the Form I-9. Once we are in receipt of your signed acceptance of this offer, the Northeastern University I-9 Service Center will send you complete instructions on how to complete Section 1 of Form I-9 electronically. You must complete and sign Section 1 of Form I-9 no later than the first day of your internship. Section 1 should only be completed after you have accepted this internship and remitted your signed offer letter. Northeastern must complete Section 2 of Form I-9 within three (3) business days of the date your internship begins and you must provide the appropriate documentation. Any person who fails to complete Form I-9 within the timeframes listed above cannot continue to work at Northeastern. Please note that Northeastern is an E-Verify employer. Continuation of your internship is contingent upon you obtaining and/or maintaining appropriate work authorization.

Northeastern University requires all interns to comply with its COVID-19 health and safety protocols.  This includes providing proof of COVID vaccination, or supplying supporting documentation that may qualify you for either a medical or religious exemption.  You will be expected to provide this information within the first 30 days of your internship using the university’s [online wellness portal](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fservice.northeastern.edu%2Fwellness&data=04%7C01%7Ck.montgomery%40northeastern.edu%7C723f33397492476083da08d96bc98894%7Ca8eec281aaa34daeac9b9a398b9215e7%7C0%7C0%7C637659335585343151%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=rnz%2BM5cvpN4jzReyVBdKKk9O7p0Xlzw3biQZWiQzUl8%3D&reserved=0).  You should review the university’s [COVID-19 information page](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnews.northeastern.edu%2Fcoronavirus%2F&data=04%7C01%7Ck.montgomery%40northeastern.edu%7C723f33397492476083da08d96bc98894%7Ca8eec281aaa34daeac9b9a398b9215e7%7C0%7C0%7C637659335585353107%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=zQQmnrBI%2FaZgRmleMBULEqAzLwqZqRMmmAFMrwDh1p0%3D&reserved=0) and [FAQs](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnews.northeastern.edu%2Fcoronavirus%2Freopening%2Ffrequently-asked-questions%2F&data=04%7C01%7Ck.montgomery%40northeastern.edu%7C723f33397492476083da08d96bc98894%7Ca8eec281aaa34daeac9b9a398b9215e7%7C0%7C0%7C637659335585353107%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=y1OV10lpN4zvB%2BbzEG67SQrNJGZ64ggN%2BQU6MT8rHdI%3D&reserved=0) for information about the university’s COVID-19 health and safety protocols.

This letter represents the entire understanding between you and the university with respect to your internship. If the terms of the internship outlined above are agreeable to you, please provide your acknowledgement and acceptance by signing below. Please return a signed copy of this letter to [contact name and email address or physical address].

Should you have any questions about your internship, including the terms outlined in this letter, please do not hesitate to contact [contact name].

Sincerely,

[Name]

Accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Intern Name]