

INTERNSHIP AGREEMENT
English Department, Westfield State College

PLEASE PRINT NEATLY IN INK

Student's Name _____

Student's Address _____

Student's Phone Number and E-mail _____

Name of Firm _____

Firm's Address _____ Phone _____

Supervisor _____ Title _____

Description of Job Requirements and Duties:

Number of Credits: (3 credits=120 hours, 6 credits=240 hours, 9 credits=360 hours)

Tentative Minimum Hours Schedule:

Monday	Tuesday	Wednesday	Thursday	Friday

The undersigned have read and agree to all of the conditions set forth:

Student _____ Date _____

Supervisor _____ Date _____

Faculty Coordinator _____ Date _____