

**INTERNSHIP ACTIVITIES/HOURS FORM
WESTFIELD STATE COLLEGE
ENGLISH DEPARTMENT
FACULTY SUPERVISOR: MICHAEL FILAS**

FOR WEEKS AND DAYS (please be exact here):

STUDENT'S NAME:

INTERNSHIP LOCATION:

SUPERVISOR'S NAME:

TOTAL NUMBER OF HOURS WORKED:

DESCRIPTION OF WORK PERFORMED AND OBSERVATIONS, REACTIONS
(continue on the back, if necessary):

STUDENT'S SIGNATURE _____ DATE: _____

SUPERVISOR'S SIGNATURE (to validate number of hours
worked): _____ DATE: _____

Please fill out and return this form to Professor Michael Filas in Bates 07 (x5683)
according to the submission schedule discussed.