

**INTERNSHIP ACTIVITIES/HOURS FORM
WESTFIELD STATE UNIVERSITY
DEPARTMENT OF ENGLISH
FACULTY INSTRUCTOR OF RECORD: DR. MICHAEL FILAS**

FOR WEEKS AND DAYS (please provide exact dates):

INTERN'S NAME:

INTERNSHIP LOCATION:

SUPERVISOR'S NAME:

**TOTAL NUMBER OF HOURS WORKED:
CUMULATIVE (RUNNING TOTAL FOR SEMESTER) 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 (413) 572-5683 every two weeks.