

**English Department
University of Massachusetts Dartmouth
285 Old Westport Rd. North Dartmouth,
MA 02747
MA in Professional Writing Program,
508-999-8274**

MASTER'S DEGREE IN PROFESSIONAL WRITING

INTERNSHIP CONTRACT

Name _____ Soc. Sec. No. _____

Area of Internship _____

Field Site (if applicable) _____

On-Site Supervisor _____ Tel. No. _____

Faculty Advisor _____

State the day and time you will meet with your advisor

_____ Describe briefly the work you will perform

On-Site Schedule (State the days and times you will be on site.)

(Attach a copy of your internship proposal to this contract.)

APPROVAL OF CONTRACT

(On-site supervisor) Date

(Faculty advisor) Date

(Faculty sponsor) Date

(Director) Date