

DEPARTMENT OF ACCOUNTING INTERNSHIP ENROLLMENT

This letter i	s to acknowledge that will be participating in the
West Chest term of 20	er University Accounting Department Internship Program in the
b.—	
This intern	ship opportunity is being provided by:
Company:	
Address:	
Work Supe	ervisor Name
Title:	
Phone:	
It is furthe	r acknowledge that:
1.	This internship will earncollege credits and a work minimum ofhours.
2.	The Faculty Supervisor will be
3.	The Faculty Supervisor will make at least one on site visit, on the 5 th or 6 th wee of the internship, This meeting is to be arranged by the Intern.
4.	A "final evaluation" will be provided by the Work Supervisor.
5.	Meaningful work assignments will be provided in an effort to enhance the valuand meaning of the student academic experience.
Acknowled	dged and Signed
Work Sup	ervisor Date Faculty Supervisor Date