

WESTFIELD STATE COLLEGE  
DIVISION OF GRADUATE AND CONTINUING EDUCATION

**APPLICATION FOR NON-EDUCATION PRACTICUM/INTERNSHIP**

NAME \_\_\_\_\_ SSN or CWID \_\_\_\_\_  
(Last) Please Print (First)

ADDRESS \_\_\_\_\_

TELEPHONE NUMBERS: Business \_\_\_\_\_ Home \_\_\_\_\_

1. Pre-Practicum requirements completed? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Area and level of practicum or internship \_\_\_\_\_  
(Be Specific)
3. Field placement \_\_\_\_\_
4. Field placement supervisor \_\_\_\_\_
5. Dates of proposed practicum/internship \_\_\_\_\_

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**AUTHORIZED SIGNATURES**

Westfield State College Supervisor \_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Semester \_\_\_\_\_ Year \_\_\_\_\_ Course # \_\_\_\_\_ Credits \_\_\_\_\_

Department Chair \_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Department Chair Please Initial on Appropriate Line - Required for Program: Yes \_\_\_\_\_ No \_\_\_\_\_

Dean, DGCE or Designee \_\_\_\_\_ Date \_\_\_\_\_

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**Instructions For completing This Form:** 1) Student & supervising faculty complete this form together. 2) Supervisor signs form and indicates course number and credit value. 3) Student obtains signature of Department Chair. 4) Student obtains Department Chair initials. 5) Student brings completed form to the Continuing Education office where staff will obtain signature of Dean. *Incomplete or unsigned forms will not be accepted.* 6) When approved by the Dean, the student will be called to come into the office to register and pay for the course within 10 days. Registration after 10 days may result in late fees.

**Attention Student:** Tuition waivers and teacher vouchers may not be used for non-education practica or internships. However, matriculated students may use tuition waivers and personally-earned teacher vouchers if the non-education practicum or internship is necessary to meet the requirements of the student's degree program.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that if registration for this coursework brings my total credits to  $\frac{3}{4}$  time or more, I am responsible to either pay for medical insurance or waive that requirement by providing proof of my medical insurance by completing the waiver on the other side of this form.

**WESTFIELD STATE COLLEGE  
GRADUATE AND CONTINUING EDUCATION**

**WAIVER OF PARTICIPATION  
QUALIFYING STUDENT HEALTH INSURANCE PROGRAM**

**Chapter 15A of the MA General Laws mandates that all full or ¾ time students be covered by a valid health insurance plan. If you do not complete and return this insurance waiver form to Westfield State College, you will be enrolled in the college's student health plan and billed accordingly. No changes will be allowed after the add/drop period.**

**Undergraduate students are considered ¾ time at 9 credits and full time in 12  
Graduate and Post-baccalaureate students are considered ¾ time at 6.75 credits and full time in 9**

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Student name

CWID or SSN

**Section I  
(initial space prior to statement)**

\_\_\_\_\_ I have compared the Health Insurance Plan I currently participate in with \_\_\_\_\_ the school sponsored plan and have determined their benefits to be comparable.

\_\_\_\_\_ I am currently participating and will continue to participate in a health insurance program other than the program offered through the school.

\_\_\_\_\_ I understand that by submitting this waiver, I accept responsibility for my medical expenses, and neither the school nor its health insurance program will be responsible for those expenses.

**Section II**

You must complete the following concerning your current valid health insurance plan:

Insurance Carrier Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Subscriber: \_\_\_\_\_

Relation of Subscriber to Student: \_\_\_\_\_

I certify the statements made above are accurate.

Signature \_\_\_\_\_

(student or parent/guardian if student is a minor)

**\*\*This waiver of participation request will not be accepted unless each blank is properly completed. This form was revised 7/2008.**