

MASTER OF PUBLIC ADMINISTRATION  
Request for Waiver of Internship Requirement  
PA 5960

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Year of Matriculation: \_\_\_\_\_

Number of Credits in MPA currently completed \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Number of Years in previous position: \_\_\_\_\_

Please describe on the back of this sheet your current responsibilities and functions. Include information such as the number of individuals you supervise and the extent of budgetary responsibility. Attach your position descriptions, organization charts or other pertinent information you believe would be helpful in assessing the level and scope of your administrative or supervisory experience.

---

For Committee use:

Date of Review: \_\_\_\_\_

Approved; \_\_\_\_\_ Date sent to Graduate Student Services \_\_\_\_\_

Disapproved; \_\_\_\_\_

Comments:

---

---

---

---

---

---

---

---

---

---