



# Master of Public Service and Administration Program Petition to Waive Internship Requirement

Name: \_\_\_\_\_ UIN: \_\_\_\_\_

Anticipated Graduation Semester/Year \_\_\_\_\_

Track: \_\_\_\_\_ Concentration: \_\_\_\_\_

Your request to waive the internship will only be considered if you have at least two years of recent professional-level public service experience related to the MPSA degree and your career goals. Please explain in detail below your public service experience and why you believe it may qualify you for the internship waiver. Include the nature, length of time, and location of the experience.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Approved  Disapproved

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

Approved  Disapproved

\_\_\_\_\_  
PSAA Department Head Signature

\_\_\_\_\_  
Date