

INTERNSHIP WAIVER FORM
MASTER OF PUBLIC ADMINISTRATION PROGRAM
DEPARTMENT OF POLITICAL SCIENCE
WAYNE STATE UNIVERSITY

Student Name: _____ I.D. Number: _____

Email: _____ Date of Request: _____

Reason for Waiver

- _____ Work experience is the functional equivalent of PS 7310, Public Management Internship
- _____ Completed public administration internship at another university
- _____ Completed an internship in the concentration area
- _____ Other (please specify):

Verifying Authority: _____

Letter Attached ()
Letter Not Attached ()

Title: _____

Organization Name: _____

Organization Address: _____

Telephone: _____

Email: _____

Disapprove
MPA Director

Approve
MPA Director

Date