

Troy University
Master of Public Administration Program

INTERNSHIP WAIVER FORM
(MPA Students Enrolling Prior to Term 1 2009/Fall Semester 2009)

- Students with less than one year experience in a paraprofessional, professional, technical, or supervisory position are required to complete PA 6694 Internship for an additional three credit hours to the 36-hour program. The Internship cannot be used to satisfy a core or concentration course requirement (2005-2006 Graduate Catalog, p.31).
- The student must provide a description of their work experience. The MPA Faculty Advisor, MPA Regional Coordinator, or MPA Director may verify this work experience.
- PA6694 Internship (3 semester credit hours) can be taken by MPA students who are not required to do so as a fourth elective course. PA6694 Internship cannot be used to satisfy a concentration or core course requirement.
- PA6694 Internship can only be used once for three (3) credit hours and must be approved by the MPA Faculty Advisor and/or the PA6694 instructor.
- For more information, please refer to the Internship Policies that are available from your MPA Faculty Advisor.
- In order to waive the requirement, students should submit this form with their MPA Graduate Degree Plan and Progress Record. Students who are gaining their work experience while in the program may submit the form up to two terms before graduation.

Submit this form to (INSERT ADVISOR NAME) by email at (INSERT ADVISOR E-MAIL).

**Troy University
Master of Public Administration Program
INTERNSHIP WAIVER REQUEST**

(Save this form, complete it and then send as an email attachment to INSERT MPA ADVISOR NAME)

STUDENT INFORMATION

Name:

Troy Student ID #

Address, City, State, Zip Code:

Telephone:

E-mail:

CURRENT JOB INFORMATION

Organization:

Job Title:

Supervisor:

Supervisor's telephone number:

Supervisor's email:

Organization Address, City, State, Zip Code:

Start Date:

Hours per Week:

Brief Description of Duties:

PREVIOUS JOB INFORMATION

Organization:

Job Title:

Supervisor:

Supervisor's telephone number:

Supervisor's email:

Organization Address, City, State, Zip Code:

Start Date:

Hours per Week:

Brief Description of Duties:

(Attach additional sheets as required.)

REQUIRED SIGNATURES:

Student (Please Print):

Signature (Not necessary if emailing form)

Date:

MPA Faculty Advisor

Signature:

Date: