



**Department of Public Policy and Administration**  
**California State University, Sacramento**  
**6000 J Street**  
**Sacramento, CA 95819-6081 (916) 278-6557 fax (916) 278-6544**

## Internship Waiver Form

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_  
(home) (work)

Please describe the experience that, in your judgment, qualifies you for a waiver from the departmental internship requirement (see <http://www.csus.edu/mppa/gradmanual/VII.htm> regarding the departmental internship policy).

Be sure to address:

- 1) where and when the experience occurred,
- 2) the title of your position, and
- 3) the nature of your responsibilities/activities.

Please include the name and telephone number or e-mail address of your supervisor, if available.

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

\_\_\_\_\_  
Date

Signature: \_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

Waiver:  Granted  
 Denied