



Department of Public Policy and Administration
California State University, Sacramento
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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/ppa/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