

**M.P.A. INTERNSHIP WAIVER FORM**

Date: \_\_\_\_\_ UMKC ID Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip

UMKC Email: \_\_\_\_\_

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

----- FOR DEPARTMENTAL USE ONLY -----

Student \_\_\_\_\_ is waived from the MPA internship requirement and will instead take a 3 credit elective to reach the 36 hour program requirement.

Rationale:

\_\_\_\_\_ He/she has had at least one year of relevant work experience

\_\_\_\_\_ He/she has had service experience, such as Peace Corps

\_\_\_\_\_ He/she has had a comparable internship

Comments \_\_\_\_\_

Graduate Advisor Signature \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT RESUME, SERVICE VERIFICATION, OR PROOF OF SUCCESSFULLY COMPLETED INTERNSHIP MUST BE ATTACHED TO THIS WAIVER.**