

**THE UNIVERSITY OF TEXAS AT ARLINGTON
SCHOOL OF URBAN AND PUBLIC AFFAIRS
INTERNSHIP EXEMPTION FORM**

Date: _____ UT Arlington ID Number: 1000_____

Name: _____
 Last First MI

Address: _____
 Street City State Zip

UTA Email: _____

Program: _____ Master PhD

Please explain the reason for your request for exemption from the internship course requirement. (You must have at least one year of relevant professional work experience in the public sector to be considered for exemption.)

Student Signature

Please submit completed form and resume to Graduate Advisor.

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

Comments

Program Director approve deny

Signature: _____ Date: _____