



Maxine Goodman Levin
School of Urban Affairs

LEVIN COLLEGE OF PUBLIC AFFAIRS AND EDUCATION

Undergraduate Internship Waiver Application

Public Affairs Student Services Center
(216) 687-3884

Name: _____ CSU ID: _____

Address: _____

City/State/Zip: _____

Email Address: _____ Contact Phone: _____

Major: _____ Concentration: _____

Reason for Internship waiver request:

___ I have two or more years of professional/management experience in my major area

___ Other: _____

Please attach the following documentation (***both required***):

___ Resume showing dates and places of employment

___ Typed statement describing rationale for internship waiver request

Student Signature: _____ Date: _____

Instructions: Complete and submit this waiver request to your Academic Advisor or email to passc@csuohio.edu. Please note, waiver of the undergraduate internship does not reduce credit hour requirements for graduation.

___ Internship is waived

___ Internship is **not** waived

Director of Undergraduate Programs

Date