

PETITION FOR INTERNSHIP WAIVER

**Master of Public Policy or Public Administration Program
University of Kentucky**

Name _____

Address _____ Phone _____

Description of relevant administration experience (or attach resume).

List the name and number of class that you propose to take OR, for policy paper, register for PA 796, Independent Study in Public Administration and attach an Independent Study Contract.

Graduate Studies Date Signature, Director of

Signature, Student Date

This form must be on file before the student is allowed to substitute a course for the internship.