

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

Date: _____	UT Arlington ID Number: 1000_____		
Name: _____			
Last	First	MI	
Address: _____		State	Zip
Street		City	Zip
UTA Email: _____			
Program: _____		Master <input type="checkbox"/>	PhD <input type="checkbox"/>
<p>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.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
_____ Student Signature			
Please submit completed form and resume to Graduate Advisor.			

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

Comments

Program Director approve deny

Signature: _____ Date: _____