

**University of South Carolina
MPA Internship Waiver Form**

NOTE: To be granted a waiver a student must have “significant professional experience” according to NASPAA (the organization that provides accreditation for MPA programs). If you lack such experience you must do the internship.

Student Name: _____

Student E-mail: _____ Phone: _____

Employing Organization Name: _____

Employment Start Date: _____ End Date: _____ Avg. Hrs/Week: _____

Average Hours Per Week _____

Supervisor Name and Title: _____

Supervisor Email _____ Phone: _____

The supervisor should provide a 1 page statement of the student's job duties on organization letterhead to be submitted to the Director of the MPA program along with this form.

Student Signature: _____ Date: _____

MPA Director Signature: _____ Date: _____