

**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.)

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\_\_\_\_\_  
Student Signature

**Please submit completed form and resume to Graduate Advisor.**

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

Comments

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Program Director  approve  deny

Signature: \_\_\_\_\_ Date: \_\_\_\_\_