



Office of Student Services  
(216) 687-3884

Maxine Goodman Levin College of Urban Affairs  
Internship Waiver Application  
Undergraduates Only

---

Date: \_\_\_\_\_ CSU ID: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Major: \_\_\_\_\_ Concentration: \_\_\_\_\_

---

I am requesting a waiver of the Levin College undergraduate internship requirement because:

I have two or more years of professional experience in an urban or governmental agency.

Other: \_\_\_\_\_

The following documentation is attached:

A resume showing dates and places of employment.

Other: \_\_\_\_\_

---

Internship is waived.

Internship is **not** waived.

---

Michael V. Wells, Director  
Undergraduate Programs

Date

mlh/2004

S:\melanie\student serviceswaiverform.doc

