**THE UNIVERSITY OF TEXAS AT**
**ARLINGTON 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.)

_____
_____
_____
_____
_____

_____
Student Signature

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

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

Comments

_____
_____
_____
_____

Program Director ☐ approve ☐ deny

Signature: _____ Date: _____