



Undergraduate Internship Waiver Application

Office of Student Services
(216) 687-3884

Name: _____ CSU ID: _____

Address: _____

City/State/Zip: _____

Email Address: _____ Contact Phone: _____

Major: _____ Concentration: _____

Reason for Internship waiver request:

I have two or more years of professional/management experience in my major area

Other: _____

Please attach the following documentation (**both required**):

Resume showing dates and places of employment

Typed statement describing rationale for internship waiver request

Student Signature: _____ Date: _____

***Instructions: complete and submit this waiver request to your Academic Advisor.
Please note, waiver of the undergraduate internship does not reduce credit hour
requirements for graduation.***

Internship is waived

Internship is **not** waived

Director of Undergraduate Programs

Date