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Appendix A – Waiver Form

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Master of Public Administration (MPA) Waiver for PUAD 792 – Advanced Seminar in Applied Public Administration Research:

The MPA program requires that all students in the program complete a three-credit practicum course if they do not have two years of relevant work experience. It is important to contact Duane Bradshaw, Director of Career Development, if you have concerns about this requirement.

If you have a minimum of two years’ relevant work experience and would like to apply for a waiver for the practicum course:

see Appendix A, page App. 1 in this packet for the MPA Practicum Waiver form.
Appendix A – Waiver Form
PUAD 792 PRACTICUM COURSE WAIVER REQUEST FOR MPA STUDENTS

If you have two years of relevant professional experience and would like to apply for a waiver of the MPA practicum course requirement, please fill out this form and turn it in to Duane Bradshaw in Room 560, along with a resume and a two-page essay. The essay should contain:

1. A description of your professional experience that can include, but is not limited to, policy analysis, policy administration, policy research, and program development.

2. Your public administration related duties and the amount of time you spend on each.

3. How your professional experiences relate to your master’s degree and what you hope to do with the skills you’ve developed.

*DUE DATE: October 1st for Fall Semester / March 1st for Spring Semester / July 1st for Summer Term

Even if you are not requesting a waiver, please sign, date, and turn in the form.

_____ I am requesting a waiver and will turn in this form with a resume and essay.

Student Signature: ________________________________ Date: __________________________

Print Name: ________________________________ Student ID: ________________________________

Phone Number: ________________________________ GMU E-mail: ________________________________

Place of Employment: ________________________________

Job Title: ________________________________

Is your position: ☐ Paid ☐ Unpaid

Supervisor Contact Information:

Supervisor Name: ________________________________ Title: ________________________________

Phone: ______________ E-Mail: ______________ May we contact this person? (Y / N)

Director of Career Development

Date

Assistant Dean of Admissions & Student Services

Date

George Mason University; Schar School of Policy and Government – Career Services
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