PUAD 792 – Advanced Seminar in Applied Public Administration Research Waiver Packet

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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 ___________________________

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