Internship Waiver Packet

Schar School of Policy and Government
George Mason University
3351 Fairfax Drive, MS 3B1
Arlington, Virginia 22201
(703) 993-3762

Email: schar@gmu.edu
Web: schar.gmu.edu/career-services/

Updated: May 15, 2018
Table of Contents

Internship Waiver Guidelines.................................................................3

Appendix A – Waiver Forms

Internship Waiver Request for MPP Students..............................................App. 1

Internship Waiver Request for ODKM Students.........................................App. 2
Master of Public Policy (MPP) Waiver and
Master of Science – Organization Development and Knowledge Management (ODKM) Waiver:

The MPP and ODKM programs require that all students in the program complete a three-credit internship 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 of the internship:

see Appendix A, page App. 1 in this packet for the MPP Internship Waiver form
or
see Appendix A, page App. 2 in this packet for the ODKM Internship Waiver form.
Appendix A – Waiver Forms
INTERNSHIP WAIVER REQUEST FOR MPP STUDENTS

If you have two years of relevant professional experience and would like to apply for a waiver of the MPP internship 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 research, and program development.

2. Your policy 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.

_____ I am not requesting a waiver and I understand that a 3-credit internship is required.

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)

_________________________ Date

Director of Career Development

_________________________ Date

Assistant Dean of Student Affairs

George Mason University; Schar School of Policy and Government – Career Services
3351 Fairfax Drive, Arlington, VA 22201 – Founders Hall, room 560
Phone: (703) 993-3762 Fax: (703) 993-4876

Updated: May 15, 2018
Internship Waiver Request for Organization Development and Knowledge Management (ODKM)

- If you have two years of relevant professional experience within an organization and would like to apply for a waiver of the ODKM internship requirement, please fill out this form and turn it in to Duane Bradshaw in Room 560. Include a resume and a one-page (minimum) essay that details your professional experiences and how they relate to your professional goals and degree.

- Please note that if you have more than five years of experience, an essay is not required. Please submit this form and your resume only.

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)

Notes: (for waiver committee members)

☐ Internship Waived  ☐ Internship Not Waived

Director of Career Development  Date

Assistant Dean of Student Affairs  Date

George Mason University; Schar School of Policy and Government – Career Services
3351 Fairfax Drive, Arlington, VA 22201 – Founders Hall, room 560
Phone: (703) 993-3762 Fax: (703) 993-4876

Updated: May 15, 2018

App. 2