

Request for **Arts Administration Internship** Waiver/Substitution

LAST NAME _____

FIRST NAME _____

BU ID _____

TOTAL YEARS WORKED IN THE ARTS: _____

Advanced Management & Consulting (AR 804) substituting for Internship

___ Student has completed at least 6 required courses

___ Has 2 - 4 years of experience in the arts – full-time paid position (not volunteer or internship)

___ Request received for substitution (email or letter)

___ Verification of work history received

1 ___ Employer letter

2 ___ Employer letter

3 ___ Employer letter

Internship Waiver Requirement

___ Has 4 years of work experience in the arts – full-time paid position (not volunteer or internship)

___ Waiver request received (letter or e-mail)

___ Proposed **B course** to be taken instead of Internship _____

Note: IF THE COURSE IS NOT A **GROUP B** COURSE THEN **ADVISOR'S APPROVAL IS REQUIRED**

___ Verification of work history received (letter from employer stating start / end work dates and hours)

1 ___ Employer letter

2 ___ Employer letter

3 ___ Employer letter

REQUEST SUBMITTED ON _____

*The request must be submitted no later than **1 semester** prior to expected graduation.

APPROVED BY _____

Signature _____

Date _____