

PETITION FOR SUBSTITUTION OF COURSE FOR INTERNSHIP

Master of Public Policy or Public Administration Program University of Kentucky

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Description of relevant administration experience (attach sheet or resume if extra space is needed).

List the class (Prefix, number, and title) that you propose to take OR, for policy paper, register for PA 796, Independent Study in Public Administration and attach an Independent Study Contract.

\_\_\_\_\_

\_\_\_\_\_  
Signature (Director of Graduate Studies)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Student)

\_\_\_\_\_  
Date

This form must be on file for the student to substitute a course for the internship.