



Division of Engineering Technology
 College of Engineering
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Construction Management Internship Waiver Form
 (Filled out by student, signed by faculty advisor, turned in to academic advisor*)

Student Name: _____ Access ID: _____

Phone Number: _____ Semester: _____

Number of Remaining Credits: _____

This form is to determine whether or not your professional experiences can replace the required internship (CMT 4290). Please describe below why you feel this requirement should be waived for you.

Work experience/ Job title _____ Duration: _____ to _____

Company: _____ Location _____

Supervisor's Name: _____ Contact Info: _____

Job responsibilities: _____

Please describe below why you feel this requirement should be waived for you.

Student Signature: _____ Date: _____

Faculty Advisor Approval (Joe Vaglica):

Yes No Justification _____

Signed: _____ Date: _____

Note: Once approved, you may bring in, mail, fax or scan & email this document to your academic advisor!