



## Placement Assistance Waiver

### Graduate Information

Graduate Name: \_\_\_\_\_

Program Name/Session/Campus: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

For the reasons noted below, I have elected not to utilize the Career Services Department and have waived my right to placement assistance.

Reason for waiver:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge, the above information is complete and accurate. I understand that if I knowingly provide false information, my enrollment may be revoked. I also understand that electronically typing my name in this document is considered to have the same legally binding effect as signing my signature using a pen and paper.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

*If the student is unable to sign and deliver/fax/scan the above document, the institution may accept placement waivers via e-mail provided that the e-mail account includes at least part of the student's name in his/her e-mail address.*

*Waivers should be completed post-graduation.*