



EMPLOYMENT WAIVER

AMERICAN UNIVERSITY OF HEALTH SCIENCES

If for any reason, you do not wish to seek employment, this form must be completed, signed by the student and the advisor from the Career Services, and submitted to the Student Services.

Full Name (Official Name): _____ Date: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Enrolled Program: _____ Years / Months Enrolled: _____

Start Date: _____ Graduation Date: _____

I am requesting a waiver for employment. The reason for this waiver is detailed below: initial: _____

Medical Continuing Education Military Other Request Date: _____

If you selected "Continuing Education," please fill out the section below:

Name of School for Continuing Education: _____

Major: _____ Dates of Attendance: _____

Please specify the reason why you will not seek employment related to the program of study (please attach documentation, transcripts, or another sheet of paper for additional comments. Be as detailed as possible):

Based on the above circumstances, I request this Employment Waiver.

Student's Signature _____ Date: _____

FOR SCHOOL USE ONLY. PLEASE DO NOT FILL OUT THIS SECTION:

Request Status: Granted Denied Request Reviewed by: _____

Signature: _____ Date: _____