



Graduate Waiver of Employment Assistance

Graduate's Name: _____ Graduation Date: _____

Academic Program: _____

I am waiving my right to Employment Assistance based on the information provided in the appropriate box and valid back up documentation:

Please check the appropriate box that applies to your situation:

Medical Condition: I am not engaged in a career search due to medical reasons that prevent me from working.

Please provide an explanation of medical condition (including verifiable documentation):

Active Military Duty: I am not engaged in a career search because of active duty in a Military Branch. Date of active duty: _____

Name of recruiting or commanding officer (optional) : _____

International Student: I am not authorized to work in this country.

My country of origin is: _____

Continuing Education: I am not engaged in a career search because I am continuing my education:

School: _____ Start date: _____

Program/Area of study: _____

I attest that the above information is accurate. I authorize the Career Services Department to verify my waiver status information. Should my waiver status change, I will contact the Career Services Department.

Graduate Signature

Date

Verified by: _____
Career Services Signature

Date

Check if waived for: Incarceration Deceased

Comments: _____