

**Public Service Pathway Program
Request for Waiver or Extension**

Name: _____

Date of Admission: _____

What portion of two-year public service commitment has been completed?
(Please provide dates of service and places of employment.)

Are you requesting an extension or a waiver? _____

Please attach a letter to the Board providing any necessary background and detailing the reasons for the request. If requesting an extension, please provide the length of the extension you are requesting.

Signature: _____

Dated this _____ day of _____, 20____.