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 _____.