Graduate Waiver of Employment Assistance

Name _____ Graduation Date _____

Academic Program _____

Please check the boxes and complete information for all that apply

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

Please provide an explanation of medical condition (required for ACCSC, including verifiable documentation):

_____

_____

_____

◯ **Active Military Duty:** I am not engaged in a career search because of active duty in the military.

Branch: _____ Date of active duty: _____

Name of recruiting or commanding officer (optional) : _____

Phone # (optional except TX residents): Location of Service (optional except TX residents):

_____ _____

◯ **Military Spouse:** I am not engaged in a career search as I must relocate due to my spouse's military service.

Branch: _____ Date of active duty: _____

Name of recruiting or commanding officer (optional) : _____

Phone # (optional except TX residents): Location of Service (optional except TX residents):

_____ _____

◯ **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.

_____ _____

Signature **Date**

Official Use Only

Verified by: _____

Signature Date

Check if waived for: ☐ **incarceration** ☐ **deceased** **and attach required supporting documentation**

Comments: _____

_____

School cannot guarantee employment or salary

Rev Date: 092313
Effective Date: 101413
Non-NY, Non-CTU-AIU