



AMBROSE
UNIVERSITY

**FIELD EDUCATION
WAIVER FORM**

I, the undersigned, do hereby grant Ambrose University / Ambrose Seminary permission to discuss any information relating to personal, academic and/or financial issues obtained through the undersigned's participation with the Faculty, Registrar, Career Development, Student Development, Pastoral Care, Finance Department, Accrediting Denominations and the related Field Education Partners for the purpose of assessing the undersigned suitability for internship and graduation, and to discuss with Faculty and Student Development and Pastoral Care any issues that arise during the internship or within the Portfolio of Ongoing Formation, during any debriefing meeting before, during or after the internship.

I acknowledge that this waiver is valid and in effect throughout my duration as a student at Ambrose University / Ambrose Seminary.

Name: _____

Sign: _____

Date: _____