

Supervisor Sponsorship Form

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| Name of applicant: |  |  |
|  | *Last* | *First* |
| Name of supervisor: |  |  |
|  | *Last* | *First* |
| Faculty/Division/Department: |  |
| Campus Mailing Address: |  |  |
| Telephone: |  |  Email: |  |

The applicant and I have discussed how this development opportunity contributes to the unit’s objectives and to the individual's development plan. **This application aligns with the unit objectives and the individual's development plan.**

**I understand the nature and extent of the time commitment associated with this application, and I understand my role and support the attendance of this applicant.**

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| Signature of Supervisor: |  | Date: |  |

**Please use this space to add any further information you believe may strengthen the application of this individual.**

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