

Supervisor Support Form

National Conference Grant



OFFICE OF
Undergraduate Advising
UNIVERSITY OF WISCONSIN-MADISON

Supervisor Information

Name _____ Title _____
Department _____ Email _____

Applicant Information

Name _____ Title _____
Department _____ Email _____

Signature of Support

By checking this box, I verify I have reviewed that attached applicant's attached application for the National Conference Grant and support the applicant's itinerary.

By signing this form, I demonstrate my support for the applicant's proposed professional development opportunity through the Office of Undergraduate Advising's National Conference Grant, and agree to the following should this applicant be chosen to receive grant funds:

- Allow time for the applicant to share their experience and knowledge gained with the larger advising, career services, and/or learning support community.
- Review the applicant's report and recommendations (if applicable) following their site visit.

Do you authorize the applicant to use department funds, if available, to cover any costs for the proposed professional development that are not covered by the National Conference Grant?

Yes, I authorize the applicant to use department funds in the amount of \$_____.

No, I do not authorize the applicant to use department funds.

Supervisor Name (Print) _____ Supervisor Signature _____ Date _____

The applicant is responsible for submitting a completed application, including this form by the deadline. Thank you for your support of the UW-Madison advising, career services, and learning support communities!