

Supervisor Support Form

National Conference Grant



OFFICE OF

Undergraduate Advising

UNIVERSITY OF WISCONSIN-MADISON

Supervisor Information

Name

Title

Department

Email

Advisor 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 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 community!