

**UBC Community Leadership Program Supervisor Sponsorship Form**

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| **Applicant Contact Information** | | | |
| **First Name:** |  | **Last Name:** |  |
| **Manager/Supervisor Contact Information** | | | |
| **First Name:** |  | **Last Name:** |  |
| **Job Title:** |  | | |
| **Faculty / Division / Department:** | | | |
|  | | | |
| **Email:** |  | **Phone:** |  |

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: |  |

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