



Learn | Lead | Grow

UBC Community Leadership Program Supervisor Sponsorship Form

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.

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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**If you have any questions about the program, please contact clp.info@ubc.ca*