

## Learning Program - Supervisor Support Form

Please carefully read and sign the following *Supervisor Statement of Support*.

If selected to participate in the Program, the applicant will be expected to fully participate in all aspects of this program including: pre-session assignments, attendance, learning transfer plans, classroom participation, etc. As the applicant's supervisor, please ensure you have reviewed the program website and understand participant expectations.

In order to support the applicant's success in the program, I agree to the following:

- Enable the applicant to fully participate by not introducing meetings, deadlines, or other job activities that present conflicts with the program sessions.
- Provide guidance and advice to the applicant as needed to support program activities.
- Provide opportunities for discussion and debriefing related to the program content and consult on learning transfer plans.
- Provide the applicant with immediate opportunities to apply his/her new skills

All costs associated with the program delivery, with the exception of parking, are funded by McMaster University. While the program costs are covered, the department must allow the applicant release time to participate in scheduled sessions (and this time away from the role does not need to be made up).

I understand that the applicant may be ineligible to complete this program if he/she misses more than a half-day session of the program, and my department may be assessed an administrative fee (catering/material expense) if more than one day is missed. I also understand that if the applicant withdraws less than seven calendar days from the program start date my department will be assessed an administrative fee unless the space can be filled by another participant.

The applicant and I have discussed his/her participation in this program and learning goals, and I believe this opportunity will be beneficial to the applicant's professional development. I support and will help ensure this applicant's full participation in this program.

I confirm this application is for the following program:

- Personal Leadership Program – Start Date:** \_\_\_\_\_
- Emerging/Knowledge Leaders Program – Start Date:** \_\_\_\_\_
- Strategic Leaders Program – Start Date:** \_\_\_\_\_

### **In support of Applicant:**

PARTICIPANT First Name/Last Name (Print) \_\_\_\_\_

Supervisor First Name/Last Name (Print) \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_