

Supervisor Support Form

“Choose Your Own
Adventure” Grant



Office of Academic & Career Success
UNIVERSITY OF WISCONSIN-MADISON

Supervisor Name

Email

Department

Job Title

Applicant Name

Email

Department

Job Title

Summary of Grant Request

This section to be completed by applicant. Please provide supervisor with an overview of your plan either verbally or in writing.

Brief Description of Activity:

Total Estimated Cost:

Supervisor Signature of Support

By signing this form, I demonstrate my support for the applicant’s proposed professional development opportunity through the Office of Academic & Career Success’ “Choose Your Own Adventure” 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)

By checking this box, I verify I have received information about “Choose Your Own Adventure” Grant and support the applicant’s proposed plan.

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!