

# Supervisor Support Form

## National Conference Grant



Office of Academic & Career Success  
UNIVERSITY OF WISCONSIN-MADISON

Supervisor First & Last Name

Email

Department

Job Title

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Applicant First & Last Name

Email

Department

Job Title

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### Signature of Support from Supervisor

By checking this box, I verify that I have reviewed and approve the applicant's request to receive funding to attend the National Conference referenced in their application.

By signing this form, I demonstrate my support for the applicant's proposed professional development opportunity through the Office of Academic & Career Success' 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, career services, and learning support community.

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 if necessary.

No, I do not authorize the applicant to use department funds.

Supervisor Name (Print)

Supervisor Signature

Date

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*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!*