



SUPERVISORS INSTITUTE

PLEASE COMPLETE THIS FORM WITH ALL INFORMATION REQUESTED FOR EACH SECTION.

Name (first, middle, last):	Company/Organization:	Job Title:	
Home Address:	Home City:	State:	Zip:
Home Telephone:	Home E-Mail Address:	Cellular Telephone:	
Work Address:	Work City:	State:	Zip:
Work Telephone:	Work E-Mail Address:	Work Fax:	

For written communication, would you prefer that we use your home or work mailing address? Home Work
 For electronic communication, would you prefer that we use your home or work email address? Home Work

PLEASE INCLUDE A CURRENT RESUME WITH THE SUBMISSION OF YOUR APPLICATION.

OTHER CONSIDERATIONS

Why is Supervisors Institute the right program for you? What skills or knowledge do you hope to gain?

Please share something about yourself that we would not learn from reading your resume and explain the impact this has had on you as a leader:



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EXPECTATIONS

Supervisors Institute is a ten-session program comprised of half-day classes starting in October as well as a graduation ceremony in June.

Commitment to participating in Supervisors Institute centers on involvement in all program days and graduation. Attendance is strongly encouraged for the ten program day sessions and graduation. Missing more than the equivalent of 2 sessions (virtual or in-person) will jeopardize a participant’s eligibility for graduation.

TUITION

Supervisors Institute tuition is \$1,800, which covers all program related expenses during the 10-session program term. Unfortunately, we do not offer program refunds after the class start date.

If selected, full tuition must be received within 30 days of notification and/or no later than September 30th.

APPLICANT AGREEMENT

I have read and understand the commitments required of the Supervisors Institute program. I am willing to attend all required sessions/functions of the Center for Leadership Excellence/Supervisors Institute and devote the time necessary to be a contributing member of the class. I understand that if I fail to meet these obligations I will not be permitted to graduate from the program and will not receive a refund of my tuition.

- I am responsible for the \$1,800 tuition fee.
- My employer/sponsor is responsible for tuition (obtain signature below)

Applicant Signature *Date*

EMPLOYER AGREEMENT

Applicants for Supervisors Institute must have the support and commitment of their employer. The signature of the employer are required as an indication of complete support of the applicant’s participation. Financial support indicates willingness to pay the applicant’s tuition. Release time support indicates willingness to provide the applicant with time off from work to attend monthly program days.

EMPLOYER

- WILL COMMIT TO: (check all that apply)
- Release time support
 - Financial support

Employer Signature

Print Name/Title/Organization

Date

Email Address

Please check each box to ensure application includes:

- complete form***
- all appropriate signatures***
- updated resume***