

The
University
Of Texas
At Dallas

PROJECT MANAGEMENT PROGRAM

SPONSORSHIP FORM

Applicant's Name _____

Last Name

First Name

Middle Initial

Sponsoring Organization: _____

Billing Address: _____

If the applicant is accepted to the Project Management Program at the University of Texas at Dallas, the sponsoring organization understands and agrees that:

- The participant will be released fully from job responsibilities on class days.
- During the program, the participant's travel time will not be increased significantly from present levels.
- The sponsoring organization will assume the level of responsibility indicated below for payment of the program costs

Complete responsibility Partial responsibility No responsibility

Signature of authorized representative of sponsoring organization

Date

Please type or print name _____

Title : _____

Telephone () _____

Please mail this completed form to:

The Executive Programs Office
School of Management, SM 10
The University of Texas at Dallas
P.O. Box 830688
Richardson, Texas 75083-0688

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All information is held in strict confidence