

Leadership and Career Development Program

Confirmation of Institutional Support Form

This form should be completed by the executive leader and submitted via email to Mira Swearer at mira@arl.org—either directly from the executive leader or with the executive leader cc'd.

At ARL member institutions, the Executive Leader is the Member Representative.

Institution

Institution name:

Applicant Information

Applicant name:

Applicant title:

Institutional Support

If the applicant is accepted to participate in the Leadership and Career Development Program, I commit supporting the applicant through:

- time release for all [program components](#)
- financial and coverage of expenses, including travel, lodging, meals, and incidentals, for all in-person program activities:
 - two (2) ARL Learning Summits + Fall ARL Association Meetings
 - two (2) ARL Member Institution Site Visits
 - (optional) Spring CNI Membership Meeting
- providing opportunities for the fellow to engage with library senior and/or executive leadership to explore the fellow's LCDP Professional Development Plan as well as opportunities for sponsorship,

Yes

No

Executive Leader name:

Executive Leader signature:

Date: