

Center for Transformation and Change Diversity and Inclusion Certificate Program

Medical University of South Carolina
Supervisor Acknowledgment

Submit via online application.

Participant Information:

Employee Name: _____ **Phone:** _____
Department: _____ **Email:** _____

Please have your supervisor review the time commitment and indicate their support of your application by signing the form below. This form must be uploaded in order for your application to be considered complete.

Supervisor Acknowledgment :

Participation in the Center for Transformation and Change Diversity & Inclusion Certificate Program will require a commitment averaging 6 hours per month during regularly scheduled work hours. Attendance at program events is mandatory. The program fee is \$1500, payable via IIT. More information will be provided upon participant acceptance. Your signature acknowledges your understanding of these requirements and your support of _____'s application.

Supervisor Signature

Date

Supervisor Printed Name

Supervisor E-mail



*"We are committed to
creating an inclusive experience for
the lives we touch."*

