**Administration Acknowledgement Form**

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**Date:**

# Applicant Name:

# The *(name of Department, School, College or Universit*y) is in full support of *(applicant name)* participation in the Academic Leadership Institute (ALI) being offered by the American Occupational Therapy Association for the 2023-24 academic year.

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# Name and Title of Representative

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Signature