**Administration Acknowledgement Form**

.

**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.

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

# Name and Title of Representative

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

# Signature