

LEADERSHIP AND MANAGEMENT DEVELOPMENT CERTIFICATE PROGRAM

APPLICATION FORM

This form is to advise the Department of Human Resources of your intent to participate in the LMDC Program and work towards earning the program certificate. Please be sure you and your supervisor have discussed and agreed on all information related to the Track for which you're enrolling. Return this form to the Department of Human Resources **You will be notified of your acceptance into the program.** Upon acceptance, you will automatically be registered for all courses in the appropriate Track. Please understand that your enrollment in the program indicates the intent of both you and your manager to make reasonable effort to control your schedule so that you can attend the classes that comprise your selected training program.

NAME: _____ EMPLOYEE ID#: _____

DEPARTMENT: _____ EXT: _____ # YRS. AT ODU: _____

PRESENT POSITION: _____ TRACK: ___1 ___2 ___3

ARE YOU CURRENTLY A SUPERVISOR? ___yes ___no VP AREA: _____

WERE YOU A 2007 LMDC PROGRAM PARTICIPANT? ___yes ___no

IF YES, DID YOU RECEIVE A CERTIFICATE? ___yes ___no

PLEASE INDICATE WHAT YOU ARE LOOKING FOR TO GAIN FROM PARTICIPATING IN THIS PROGRAM:

PLEASE INDICATE WHAT YOU ARE 'WILLING' TO PERSONALLY CONTRIBUTE TO THE LEARNING EXPERIENCE IN THE CLASSROOM (ie: share your own experiences, actively engage in classroom discussions, etc.)

YOUR SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

(Required for all applications)

Office Use Only

____ APPROVED ____ DENIED

BY: _____ DATE: _____

Training & Development Consultant