TRANSPORTATION INSTITUTE





| Agreement to be completed by the organization. | | | | | | |
|--|---|-----------------------------|----------------|--|--------------------------|--|
| Name of A | pplicant | | | | | |
| | | | | | | |
| Last | | First | Mid | dle | | |
| Position/Title | | | Org | anization | | |
| Organizatio | on Commitment of Support | i. | | | | |
| _ | zation Support Agreement form s financial support to the applicant. | | the individu | al in the sponsoring organization | n authorized | |
| The organiz | zation understands that the supp | oort of its employee du | uring the DT | I Executive Masters Program is | a critical factor in | |
| the success | ful completion of the program. If | the employee is accep | ted into the | DTI Executive Masters Program | , the organization | |
| agrees to d | o the following during the progra | m duration: | | | | |
| * | Release the employee from work on all class days, which include five, 5-day, onsite residency periods on the University of Denver campus, one residency at a domestic port, and one, 1-week, Global Transportation and Supply Chain Seminar at an international location. | | | | | |
| * | Ensure that the employee's bus the required travel study semin | | l not conflict | with the required onsite resider | ncy periods and | |
| * | The organization understands a Masters Program; however, the completing the requirements or | e employee and the orga | | its employee is making in the DT I be responsible for the costs ass | | |
| | he statement of support that appli | | | | | |
| insta | ne organization will fund or reimburse Illments of \$12,210. OR | the full amount of the 202 | 21-2022 progr | ram cost of \$73,260 for its employee | paid in six quarterly | |
| □ 2. T | he organization will fund or reimburse | e the following portion (\$ |) | of the 2021-2022 program cost of \$ | 73,260 for its employee. | |
| | Signature and | address of authorized rep | resentative of | supporting organization | | |
| | | | | | | |
| Signature/Title | | D | ate | | | |
| Please print na | me and title | | | | | |
| Organization | | | | | | |
| Address | City | | State | Zip | | |