

SIGNATURE PAGE OF EMPLOYER

Cyril O. Houle Scholars

IN ADULT & CONTINUING EDUCATION PROGRAM

Name of Applicant _____

Country of Applicant _____

If the applicant is a recipient of a Cyril O. Houle Scholars in Adult and Continuing Education Program award, we agree to administer the award and to provide time to complete the project plan and attend the two required annual retreats.

DEAN OR DIRECTOR

IMMEDIATE SUPERVISOR

Name _____

Name _____

Title _____

Title _____

Institution _____

Institution _____

Mailing Address _____

Mailing Address _____

Phone (_____) _____

Phone (_____) _____

If outside U.S.A., please include country, state, & and city codes

If outside U.S.A., please include country, state, & and city codes

Signature _____

Signature _____

Date _____

Date _____