

SUPERVISOR APPROVAL FORM

Please complete and submit as a PDF to obermann-center@uiowa.edu.

Participant information

Name:

Position:

Unit or Department:

Campus Address:

Email Address:

I have attached the required materials (if applicable).

Please ask your supervisor to complete the following section.

Supervisor approval

I support this project.

I approve the special compensation stipend that accompanies this opportunity.

Supervisor name:

Supervisor signature:

Date: *If you cannot sign digitally, please print and sign.*

If you have any questions about the stipend, or if you anticipate that it would be challenging for the participant to receive a stipend, please email Obermann Center Director of Operations Erin Hackathorn at erin-hackathorn@uiowa.edu. Thank you.