



**STRIVE-STBBI Training Program:  
Applicant Supervisor Confirmation of Support Form**

**Applicant Information**

Applicant Name:	
Degree Program:	
Institution:	
Department:	

**Supervisor Information**

Supervisor Name:	
Title/ Position:	
Institution:	
Email Address:	

The STRIVE-STBBI training program is comprised of the following learning components completed over a period of 10 – 14 months:

- Monthly virtual seminar series (2 hrs per seminar x 7 seminars, October – April annually)
- In-person 5-day summer school (35 hours, held in June annually)
- Mentored research placement option (10-15 hrs per week x 16 weeks)

**Supervisor Confirmation of Support**

I confirm that:

I have received a copy of my trainee's application to the STRIVE-STBBI Training Program.

I support their participation in the program if accepted.

I acknowledge the time commitment required and agree to support their engagement in program activities.

**Optional: Additional comments**

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**Supervisor Signature**

Signature:

Date: