

## Corporate Sponsorship

### Doctorate in Organizational Development

Individuals applying for admission into the Doctorate program in Organizational Development at Cabrini University must complete this form and have it approved by their direct supervisor. For more information on the program, visit [www.cabrini.edu/od](http://www.cabrini.edu/od)

Name of Applicant \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Position/Title \_\_\_\_\_

Name of Employer \_\_\_\_\_

Supervisor Name and Title \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This doctoral program requires students to be on campus **one week per year** (in May) **and one weekend per month** (Friday-Sunday) for the first two years of the program. Attendance at these on campus class meetings is mandatory for all students. Online assignments will be required in between weekend class sessions. The cost of the program is \$19,500 per year (\$58,500 total), to be paid in full by April 30 each year. The program costs include all books and course materials. There is a \$1,000 deposit due at the time of application, which is refundable until April 1<sup>st</sup>.

***To be completed by the Applicant's Supervisor/Employer***

1. The student will be sponsored by the Employer who will fund the program costs **in full**: \_\_\_\_ yes \_\_\_\_ no
2. If no to question #1, the student will be sponsored by the Employer who will partially fund the program costs as follows:

Amount to be paid by Employer \_\_\_\_\_ Amount to be paid by Student \_\_\_\_\_

3. For applicants that are not sponsored by an Employer – agree to pay the program costs as follows:
  - a) \$19,500 in one invoice by April 30 \_\_\_\_\_yes \_\_\_\_\_ no
    - ❖ Will seek Financial aid \_\_\_\_\_yes \_\_\_\_\_ no
  - b) Cabrini Payment plan – for 10 months \_\_\_\_\_yes \_\_\_\_\_ no
4. The student acknowledges that they will be responsible for a \$5,000 sustaining fee for each six month period that the dissertation is not completed, beginning in year 4. \_\_\_\_ yes \_\_\_\_ no
5. The Employer acknowledges that the student will be away from work one week in May and then one Friday-Sunday time period per month (a list of weekend dates is available on the website) \_\_\_\_ yes \_\_\_\_ no
6. The student acknowledges that they will attend all on campus class meetings and they have reviewed the attendance policy \_\_\_\_ yes \_\_\_\_ no

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Employer Signature \_\_\_\_\_

Date \_\_\_\_\_