



**The Project Management Graduate Program
Company Sponsorship Form**

Applicant's Name: _____
Last Name First Name MI

Sponsoring Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

If the applicant is admitted to the Project Management Program at The University of Texas at Dallas, the sponsoring organization understands and agrees that:

- ✓ The organization will support to a reasonable extent the applicant's required on-campus class days.
- ✓ The organization will assume the level of responsibility indicated below for payment of program costs
 - ☐ Complete responsibility
 - ☐ Partial responsibility
 - ☐ No Responsibility

Signature of sponsoring organization's authorized representative:

Name: _____

Title: _____

Telephone: _____

Please email, fax or mail this completed form to:

The University of Texas at Dallas
Project Management Program
800 W. Campbell Rd. SM10
Richardson, TX 75080-3021

Tel: (972) 883-5802

Fax: (972) 534-1801

Email: jeanette.henriques@utdallas.edu