

STATEMENT OF AGENCY SUPPORT

To the Agency Employer:

We believe that it is important for employers to recognize the commitment and dedication that is necessary for a student to successfully complete The MJA Program. We anticipate the program taking a total of 24 months to complete, attending classes once a month on a Friday, Saturday and Sunday during this period.

Your signature below indicates that you are aware that

Applicant is to fill in his/her name

intends to participate in our program if accepted. If accepted, your agency/organization agrees to allow the participant to attend classes under the schedule indicated above. Please indicate below if there are any comments that you would like to add regarding the Applicant's participation in the program.

Your name (*please print*) _____

Title _____

Agency name _____

Agency address _____

Signature _____ Date _____

Comments _____

This form is to be included along with the Application for Admission.