



Date _____

Dear Supervisor,

_____ is applying to participate in the RISE UPP program from May 2018 to April 2019. If accepted, the candidate will need an institutional endorsement from her/his supervisor. The following document contains the requirements of participation in the program and impact on school-related duties. Please sign below to acknowledge receipt and initial support of _____'s application.

The RISE UPP Program targets future school leader candidates early in their education careers and 1) provides intensive training and support around leading multiple dimensions of school transformation at instructional and systems levels, 2) provides mentorships and peer-based communities of practice to nurture future school leaders, 3) offers facilitated virtual and on-site school visits representing a range of different models of innovation and excellence in urban schooling locally and nationally.

Basic Program Structure:

- 108 hours over one year for 8 units of professional continuing education credit through the University of San Diego
- Two weeks in the summer, four Saturdays, and two Thursdays
- Two site visits
- Mentors/coaches to offer on-going support

Directions:

Please sign and print the following page on your institution's letterhead and return it to the candidate to be included in their application.

Sincerely,

RISE San Diego + The Jacobs Institute for Innovation in Education at USD

Institutional Endorsement

Directions: Please print this document on your school or organization's letterhead.

The RISE UPP program will require attendance at Saturday workshops on 6/2/18, 10/13/18, 1/26/19, 3/16/19 and attendance on Thursday, 12/6/18 and 4/11/19. It will also require up to two additional weekdays for visits to different school sites and principal shadowing opportunities. By signing as a supervisor below, you are authorizing _____ to be released from any school-based commitments on the aforementioned Saturdays and Thursdays. Additionally, by signing below you authorize the candidate to take up to two professional learning days for school visits and shadows without impacting their sick or vacation time.

Name of Supervisor: _____

Title of Supervisor: _____

Signature: _____

Date: _____