

Wyoming CPM Program Supervisor Statement of Commitment

To participate in the CPM program, I understand that _____
will require release time for class attendance, agency financial support, travel to training site, and completion
of a work related Capstone Project during a 12 month period.

Supervisor's Printed Name: _____

Supervisor's Signature: _____

Agency: _____

Billing Contact Name: _____ Phone: _____

Email: _____

Submit this signed supervisor form via email, fax or USPS to:

Certified Public Manager Program of Wyoming

Training Center Room 117

1400 E. College Drive

Cheyenne, WY 82007

Email: dkaelin@lccc.wy.edu

Fax: 307.432.1604