



University of Manitoba Leaders Learning Program (UMLLP) Application Form

FIRST NAME		LAST NAME	
ROLE/ POSITION TITLE			
UNIT/ DEPARTMENT			
LENGTH IN ROLE		NUMBER OF DIRECT REPORTS	
NAME OF ONE-OVER			

Please select the date you wish to join:

February		September	
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Please select areas of responsibility that fall within your portfolio:

- Finance/Budget
- Leading or coaching others through change
- Performance management
- Strategic planning
- Leading team(s)
- Leading projects
- Employee development
- Chairing committees and / or meetings

Please confirm the following	Confirm
I have discussed my participation in this program with my one-over and believe I am able to meet the commitment required to be successful in the program.	

Signature

Date