

## **Supervisor's support form for LIWS Summer Work Experience**

Supervisor's name:	
Student's name:	
Proposed dates of employment:	
Start date:	End date:
Note that these are 3-month positions.	
Position type:	
Full time (35 hours/week)	Part time (20 hours/week)
Brief description of the student's r student be responsible for doing? V	role in your research group. What will the What will they learn?
I am willing to contribute 20% of the full-time student, \$860 for a part-t	he student's salary (approximately \$1500 for a time student).
Supervisor's signature	

Please send completed forms to Derek Gray: dgray@wlu.ca