

Company Support Form

As the Mannheim Master of Applied Data Science & Measurement is a lengthy and time-intensive professional development program, ensuring company support from the beginning is a critical element in determining a candidate's potential for success. Selected participants will be required to attend courses that might fall within the candidate's normal working schedule. Therefore it is critical that the candidate as well as the organization have a comprehensive understanding regarding the time requirements, and that the candidate has the explicit support of his or her organization.

Instructions to Candidate

Please fill in your name and date of birth and present this form to your immediate supervisor. Return the signed form with your application package.

Instructions to Immediate Supervisor

Please discuss the program's time requirements with the candidate. Upon completion of your discussion, please fill out and sign this form. Return the completed form to the candidate to be included in his or her application packet.

In the course of their studies, all participants need to complete a Team Master Project (TMP) as a capstone program project, which is conducted as a joint effort with other participants. They will apply their acquired knowledge and methodological skills to tackle a comprehensive practical project.

The candidate and I acknowledge the importance of the TMP as an integral part of the Mannheim Master of Applied Data Science & Measurement and have discussed that our company will support him/her with the project, especially when it comes to allowing the cooperation with another, external organization.

The candidate and I have discussed and understand the time requirements of this program. We have addressed how these time requirements will be met using either time off or vacation days, and I am prepared to support the candidate in the pursuit of professional development in the Mannheim Master of Applied Data Science & Measurement.

Last name _____

First name _____

E-mail _____

Date of birth

D	D	M	M	Y	Y	Y	Y

Supervisor's last name _____

Supervisor's first name _____

Position _____

Organization _____

Street _____

City _____ Postal Code _____

Country _____

Tel. _____

E-mail _____

Signature _____

Date _____

Official company stamp (if existent)