

DELAWARE TECH AUTOMOTIVE PROGRAM SPONSOR APPROVAL FORM

Date _____

APPLICANT NAME _____

Social Security Number _____

Sponsor Approval:

I recommend this applicant for the Automotive Program and agree to provide sponsorship for his/her training as an employee of this organization. If at any time before graduation this student decides to drop out of the Automotive Program at Delaware Tech, the student forfeits sponsorship and employment by this sponsor.

Owner/Service Manager _____

Sponsoring Location _____

City _____ Zip Code _____

Telephone(s) _____

Email _____

DELAWARE TECH 

Dover ♦ Georgetown ♦ Stanton ♦ Wilmington