



STATE OF MICHIGAN  
DEPARTMENT OF EDUCATION  
LANSING

GRETCHEN WHITMER  
GOVERNOR

MICHAEL F. RICE, Ph.D.  
STATE SUPERINTENDENT

**Library of Michigan  
Public Library Management Cohort  
Agreement Form**

I, \_\_\_\_\_, agree that:  
Applicant Name

- I will participate in the program activities to the best of my abilities;
- I will complete assignments during the scheduled time frame;
- I will participate in cohort virtual meetings;
- I will participate in the cohort in-person workshops;
- I will complete the coaching during the scheduled time frame;
- I have the support of my Director or Board Chair for my participation in this cohort during work time;
- I have a computer and internet access necessary to participate;
- and if I do not complete cohort work on schedule without making prior arrangements with the Library of Michigan staff, I understand I will be dropped from the cohort.

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Applicant Name	Signature	Date
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Library Director/Board Chair Name	Signature	Date
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**LIBRARY OF MICHIGAN**