

CANDIDATE APPRAISAL FOR POSTGRADUATE PROGRAMS



UCR Extension International Education Programs, 1200 University Avenue Riverside, CA 92507

Please provide the following information. Type or print your name exactly as it appears in your passport.

Last/Family Name		First/Given Name	Middle Name
<input type="checkbox"/> Male <input type="checkbox"/> Female			
<hr/>			
Name of Organization or University			
<hr/>			
Organization or University Address			
<hr/>			
Position Title			
<hr/>			
Telephone		Fax	
<hr/>		<hr/>	
Email Address		Business Email Address	
<hr/>		<hr/>	
Number of years with your company		Number of people you supervise	
<hr/>		<hr/>	
Company's industry and specialty			
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Please describe your position, duties and responsibilities or area of study, and how you hope to benefit from this program.

Please answer the following questions:

1. Why do you wish to participate in a Postgraduate Program?

2. What do you expect to gain from the program?

3. What specific areas of this program interest you most?
