2019-2020 Making Excellence Inclusive:
UCR Diversity Certificate Program Application

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| **Applicant Information** |
| Employee Name:*(last, first)* |   | Date: |   |
| Employee Email: |   | Phone: |   |
| Department: |   | Classification: |   |
| Supervisor:*(last, first)* |   | Supervisor Email: |   |
| Department Head:*(last, first)* |   | Department Head Email: |   |
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| **Supporting Information** |
| 1. How will this program support you in our personal and/or professional development?
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| 1. How will this program enable you to contribute to your department’s goals?
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| 1. Please describe one or two diversity issues you have faced that you felt unprepared to handle.
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| 1. How have you chosen to enhance your understanding of diversity within and outside UCR? Please include formal education, training, community service, professional associations, volunteer experiences and other activities.
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| 1. Please provide any other information you would like the application screening committee to consider in determining your eligibility for acceptance into the program.
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| **Signatures** |
| *As the participant’s supervisor, I endorse their participation in the program and understand that their participation will require time away from work.* |
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| **Supervisor Signature** |  | Date |
| *As a participant, I understand that I will be expected to participate in all workshops and outside assignments in order to successfully complete the program. This may require time outside my working hours to accomplish.* |
|  |  |   |
| **Applicant’s Signature** |  | Date |
| Please return your completed application to Willis Harris in Human Resources via inter-campus mail or email to Willis.Harris@ucr.edu. |