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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant Information** | | | | |
| Employee Name: *(last, first)* |  | | Date: |  |
| Employee Email: |  | | Phone: |  |
| Department: |  | | Classification: |  |
| Supervisor: *(last, first)* |  | | Supervisor Email: |  |
| Department Head: *(last, first)* |  | | Department Head Email: |  |
|  | | | | |
| **Supporting Information** | | | | |
| 1. How will this program support you in our personal and/or professional development? | | | | |
|  | | | | |
| 1. How will this program enable you to contribute to your department’s goals? | | | | |
|  | | | | |
| 1. Please describe one or two diversity issues you have faced that you felt unprepared to handle. | | | | |
|  | | | | |
| 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. | | | | |
|  | | | | |
| 1. Please provide any other information you would like the application screening committee to consider in determining your eligibility for acceptance into the program. | | | | |
|  | | | | |
| **Signatures** | | | | |
| *As the participant’s supervisor, I endorse their participation in the program and understand that their participation will require time away from work.* | | | | |
|  | |  |  | |
| **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](mailto:Willis.Harris@ucr.edu). | | | | |