cid:733E330C-907B-48BD-B84D-6C9AA7EE54C5

**UCR Application**

**2020 Women’s Initiative for Professional Development**

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| **Applicant** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Enter name | Date: | Enter date |

|  |  |
| --- | --- |
| Job Title: | Enter job title |

|  |  |
| --- | --- |
| Date appointed to position: | Enter date |

|  |
| --- |
| Name of immediate supervisor (staff) or department chair (faculty): |
| Enter name |

Attach a statement how you have demonstrated the following:

* Aspiration for advancement and growth
* Evidence of ability to work collaboratively
* Desire to make an active contribution to UC

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| --- |
| **Signatures** |

**I have read and understood the program criteria and commitments. If selected, I will attend all outlined sessions and participate fully in project work and graduation.**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Unit Head Signature: |  | Date: |  |

*Upon completion, please send the signed to Judy Abbey at* [*judith.abbey@ucr.edu*](mailto:judith.abbey@ucr.edu)*.*