

# CANDIDATE APPRAISAL FOR POSTGRADUATE PROGRAMS



UCR Extension International Education Programs, 1200 University Avenue Riverside, CA 92507  
Phone: 951-827-4346 • Fax: 951-827-5796 • Web: [www.iep.ucr.edu](http://www.iep.ucr.edu) • Email: [ieppapplication@ucx.ucr.edu](mailto:ieppapplication@ucx.ucr.edu)

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  
 Male  Female

\_\_\_\_\_  
Name of Organization or University

\_\_\_\_\_  
Organization or University Address

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Telephone Fax

\_\_\_\_\_  
Email Address Business Email Address

\_\_\_\_\_  
Number of years with your company Number of people you supervise

\_\_\_\_\_  
Company's industry and specialty

**Please describe your position, duties and responsibilities or area of study, and how you hope to benefit from this program.**

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**Please answer the following questions:**

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

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

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

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\_\_\_\_\_  
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**Please mail, fax, or email your application materials to:** International Education Programs, UC Riverside Extension,  
1200 University Ave., Riverside, CA 92507-4596, U.S.A. / Phone: (1-951) 827-4346 / Fax (1-951) 827-5796 / Email: [ieppapplication@ucx.ucr.edu](mailto:ieppapplication@ucx.ucr.edu)