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University of California, Riverside-Extension -- International Education Programs  
**CANDIDATE APPRAISAL FOR POSTGRADUATE PROGRAMS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Gender: Male  Female

Name of organization or university: \_\_\_\_\_

Organization or university address: \_\_\_\_\_

Position/Title: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_ Business E-mail 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 Professional Programs?

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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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