

Please enter your information by typing directly in the boxes. □
Save or print this file and then send it back to us by e-mail, fax or regular

University of California, Riverside-Extension -- International Education Programs
**CANDIDATE APPRAISAL FOR GBM, COMPUTER NETWORK
MANAGEMENT AND OTHER PROFESSIONAL PROGRAMS**

Last Name: _____ First Name: _____ Middle: _____
Gender: Male Female Program: GBM Computer Network Management Other: _____
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.

Please answer the following questions:

1) Why do you wish to participate in Professional Programs?

2) What do you expect to gain from the program?

3) What specific areas of this program interest you most?

