



Administrative Academy Application

Please return completed form to Katie Williamson via email (kwilliamson@csufresno.edu) or campus mail (M/S ML52).

Applicant Information:

Last Name: _____ First Name: _____

Title: _____

Department: _____

Manager: _____

Desk Phone: _____ Email: _____

Fresno State ID #: _____

Statement of Interest. Briefly describe why you would like to participate in the Academy.

What do you hope to accomplish through participating in the Academy?

List your long term goals.

List your short term goals.

What skills or expertise are you willing to share with others?

Program Conditions

1. While participation is voluntary, a one-year commitment (8 program sessions; each 2 hours in length) is expected of participants.
2. Academy participants will meet monthly at a site to be determined.
3. Supervisor signature means they support the employee in this training program.

Applicant Signature _____

Date: _____

Supervisor Signature _____

Date: _____