



Administrative Academy Application

Applicant Information:

Last Name: _____ First Name: _____

Title: _____

Department: _____

Manager/Dept. Chair: _____

Desk Phone: _____ Email: _____

How long have you worked at Fresno State? _____

Fresno State ID #: _____

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

What do you hope to gain by participating in the Academy?



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

While participation is voluntary, an 8 month commitment (8 program sessions; each 2 hours in length) is expected of participants.

I commit to be an engaged and supportive participant in all Administrative Academy workshops and commit to attend all workshops offered as part of the Academy unless critical business or personal matters prohibit my doing so.

Applicant Signature _____ Date: _____

Applicant Name (Printed) _____ Date: _____

Both the applicant and I believe she/he will benefit from and contribute to the Administrative Academy. We understand the time commitment necessary and have identified ways to make time and other resources available to allow her/ him to fully participant in the program.

Manager/ Department Chair Signature _____ Date: _____

Manager/ Department Chair Name (Printed) _____ Date: _____

Applicants should submit this form to: Katie Williamson to M/S ML 52 by Friday August 28, 2015.

Questions? Please call (559) 278-5330