

UCSB Human Resources
Application for Candidacy

This application signifies my intention of pursuing the prescribed course of study toward UCSB's Supervisory Certificate.

Name _____ Extension _____

Job Title _____ Date of Hire: _____

Email _____ Academic Staff

Department /Location _____

Name of Supervisor _____

Employee ID # _____

Ethnic Identity (please check) – information used for reporting of training efforts

American Indian Asian Black Hispanic White

Gender (please check) – information used for reporting of training efforts

Male Female

Non-Refundable Application Fee:

Supervisory Certificate: \$40

Charge Budget number: 8 - _____ - _____ - _____

Or -

Charge BARC account: _____

Supervisor's Signature _____ Date _____

Or - Make check payable to: UC Regents

Mail this form to: **Training and Development**
 Human Resources

Or fax to: **x8645**