

DIVERSITY ASSESSMENT AND ENGAGEMENT PROGRAM (DAEP) 2018-19

Application Deadline is May 15, 2018

Please submit completed form and related documents through one of the following mechanisms:

Email: jsamorai@msu.edu

Subject Line: DAEP2018 Application

**Mail: Devin Mazur, Office Assistant
Julian Samora Research Institute (JSRI)
219 S. Harrison Rd., Room 93
Michigan State University
East Lansing, MI 48824**

Payment: Application payment can be made here:

events.engage.msu.edu/DAEPAppfee2018

Please contact the following faculty member with any questions you may have about the certificate program:

**Dr. Rubén Martínez
(517) 432-1317**

DIVERSITY ASSESSMENT AND ENGAGEMENT PROGRAM (DAEP 2018-19)



Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Submit the Following *with* this Application Form

___ Resume/CV

___ \$25 Application Fee (payment instructions are at the end of this form)

Save application file using the this file name pattern: LastnameFirstname.appl.DAEP2018

Save resume/cv using this pattern: LastnameFirstname.resume.DAEP2018

About you

Highest Degree Received _____

Organization _____

Current Professional Position _____

Answer the Following Three Questions:

“What has been your experience with diversity within organizations? And why are you interested in obtaining a diversity leadership certificate?” (Please limit your answer to 75 words or less)

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How would you apply the knowledge attained in the program in your current position/field? (Please limit your answer to 75 words or less)

In what areas of diversity leadership are you most interested in and why? (Please limit your answer to 75 words or less)

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a DAEP Scholar, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I also commit to completing all of the requirements of the program.

Name (printed)	
Signature	
Date	

Supervisor Agreement and Signature

By submitting this application, I affirm that I am the supervisor of the applicant and am in full agreement with the applicant participating in this program. I understand that the applicant will be attending the third Thursday of the month (August through May) from 2 to 5pm.

Name (printed)	
Signature	

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Date	
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Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.