

EASTERN KENTUCKY UNIVERSITY
"Leadership Excellence for Middle Managers"
Application – Spring 2017

(You can Tab to move to the next field. Phone/Fax are formatted so you only need to enter the numbers.)

Participant to complete:

Name _____

Home Address _____
Street City State Zip

Phone: Wk : _____ Res: _____ Cell: _____

Email (for blackboard communication): _____

Job Title: _____

General Description of Duties:

Years in Current Position: Please select one How many direct reports? _____

What would you like to gain from this training?

Company Information:

Name _____

Address _____
Street City State Zip

Supervisor's Name _____ Phone _____

H.R. Manager's Name _____ Phone _____

Human Resource Manager's Email _____

Please forward the form to the person recommending you for this program or to your HR Manager to complete this section and submit to EKU:

Please give us your comments regarding this individual:

Submitted: _____
Date (mm/dd/yy)



Please email application to Cheryl Juhasz at cheryl.juhasz@eku.edu

Questions? Please call Cheryl's direct number: (859) 622-1164