

AUTHENTIC LEADERSHIP DEVELOPMENT

HARVARD | BUSINESS | SCHOOL
EXECUTIVE EDUCATION



THE LEADERSHIP INITIATIVE AT HARVARD BUSINESS SCHOOL

APPLICATION FOR ADMISSION

PLEASE SPECIFY SESSION DATE: _____

Please answer all questions. Application must be fully completed and signed before review by the Admissions Committee.

Please type or print legibly.

GENERAL INFORMATION

NAME:

Last (family)

First

Middle Initial

Prefix (Mr., Ms.)

Suffix (Jr., II)

NICKNAME/FAMILIAR NAME FOR NAME BADGE:

MALE

FEMALE

COUNTRY OF CITIZENSHIP:

DATE OF BIRTH:

Month/Day/Year

TITLE OR POSITION:

DIVISION *(if applicable)*:

COMPANY/ORGANIZATION NAME:

COMPANY/ORGANIZATION ADDRESS:

(P.O. boxes accepted outside U.S.)

Street

City

State/Country

Zip Code/Postal Code

COMPANY/ORGANIZATION TELEPHONE:

FAX:

COMPANY/ORGANIZATION WEBSITE:

EMAIL:

ULTIMATE PARENT COMPANY:

YOUR HOME ADDRESS:

Street

City

State/Country

Zip Code/Postal Code

HOME TELEPHONE:

MOBILE TELEPHONE:

ARE YOU APPLYING AS:

TEAM

INDIVIDUAL

PREFERRED MAILING ADDRESS:

BUSINESS ADDRESS

HOME ADDRESS

LANGUAGE PROFICIENCY

Proficiency in spoken and written English is essential for participation in Harvard Business School Executive Education programs.

PLEASE RETURN THIS APPLICATION:

BY MAIL:

ADMISSIONS COMMITTEE
Authentic Leadership Development
Harvard Business School
Soldiers Field
Boston, MA 02163-9986 U.S.

ONLINE:

Applications may be submitted
online at: www.exed.hbs.edu

BY FAX:

ADMISSIONS COMMITTEE
Authentic Leadership Development
Fax: +1-617-496-1731

For questions on the status of your submitted application, please call +1-617-495-6226.

CONFIDENTIAL: The information you provide below is for use by the Admissions Committee only.

ORGANIZATION

	YOUR ULTIMATE PARENT COMPANY	YOUR COMPANY/DIVISION
Products/Services:	_____	_____
Annual Sales Volume (in U.S. dollars):	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Number of Employees:	_____	_____
How many reporting levels are above you, including the chief executive officer of the parent company?	_____	
What is the title of the person to whom you report?	_____	
Please describe your organizational hierarchy or provide an organizational chart.	_____	

PLEASE CHECK YOUR CURRENT INDUSTRY (check one only):

Manufacturing

- Aerospace/Automotive/Transportation Equipment
- Agriculture, Food, and Beverage
- Biotechnology
- Chemicals
- Consumer Products
- Energy/Extractive Minerals
- Heavy Capital Intensive/Raw Materials Suppliers
- High Technology/Electronics
- Highly Diversified Manufacturing and Nonmanufacturing
- Machinery and Equipment Manufacturers
- Medical/Healthcare Devices
- Paper and Forest Products
- Pharmaceuticals
- Software
- Textiles
- Other Manufacturing
specify: _____

Nonmanufacturing

- Accounting
- Advertising
- Advocacy/Legal Services
- Broadcasting
- Commercial Banking
- Computer-Related Services
- Construction
- Consulting
- Education
- Engineering
- Entertainment/Leisure
- Environmental Conservation
- Food Service/Lodging
- Foundation/Grantmaking
- General Government
- Health Services
- Housing and Urban Development
- Insurance and Diversified Financials
- Investment Banking/Brokerage

- Investment Management
- Military
- Printing/Publishing
- Real Estate
- Retailing/Wholesaling
- Social Services
- Telecommunications
- Trading
- Transportation
- Utilities
- Other Communications
specify: _____
- Other Nonprofit
specify: _____
- Other Services
specify: _____

WHAT FUNCTION BEST DESCRIBES YOUR POSITION? (check one only):

- Accounting/Control
- Engineering
- Finance
- Fundraising
- General Management
- Human Resources
- Information Services
- Law
- Logistics
- Manufacturing/Operations
- Marketing
- Medicine
- Planning
- Product Development
- Project Management
- Public Relations
- Purchasing
- Religion
- Research & Development
- Sales
- Teaching
- Other
specify: _____

ANNUAL COMPENSATION (INCLUDING BONUS) IN U.S. DOLLARS (check one only):

- <\$100,000
- \$101,000–\$150,000
- \$151,000–\$200,000
- \$201,000–\$300,000
- \$301,000–\$500,000
- >\$500,000

WORK EXPERIENCE

Please list your positions in reverse chronological order, starting with your current one. If all positions are in the same company, please give the major promotional sequence.

NAME OF COMPANY	TITLE OR POSITION	FROM <i>Month/Year</i>	TO <i>Month/Year</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE ESTIMATE YOUR TOTAL YEARS OF PROFESSIONAL EXPERIENCE: _____

PLEASE DESCRIBE YOUR CURRENT RESPONSIBILITIES, INCLUDING YOUR LEVEL IN THE ORGANIZATION.

IN A ONE-PARAGRAPH EXECUTIVE SUMMARY, PLEASE DESCRIBE YOUR OWN LEADERSHIP CHALLENGE(S) ESPECIALLY IN RELATION TO YOUR ROLE AS A LEADER.

PLEASE DESCRIBE YOUR LEADERSHIP STYLE AND APPROACH.

WHY DO YOU BELIEVE THAT YOU HAVE BEEN DESIGNATED AS A LEADER WITHIN YOUR ORGANIZATION?

PLEASE EXPLAIN YOUR OBJECTIVES AND GOALS AS THEY RELATE TO ATTENDING THIS PROGRAM. ALSO DESCRIBE WHAT YOU THINK OTHER PROGRAM PARTICIPANTS MAY LEARN FROM YOU (E.G., PERSPECTIVES, SKILLS, EXPERTISE).

HOW OPEN ARE YOU TO SHARING PERSONAL INSIGHTS, EXPERIENCES, AND AMBITIONS WITH A SMALL GROUP OF PEERS?

EDUCATION

DEGREE (*check only*) High School Two-Year College BS/BA MS/MA MBA Harvard MBA
highest level attained: JD/Law PhD MD Foreign Diploma Other

UNIVERSITY: _____ YEAR: _____

HAVE YOU ATTENDED OTHER HARVARD BUSINESS SCHOOL PROGRAMS?

PROGRAM NAME	DATE
_____	_____
_____	_____

HOW DID YOU LEARN ABOUT THIS PROGRAM?

Direct mail package HBS Executive Education website Online advertisement Social media
 HBS email notification Internet search Print advertisement Other (*specify*): _____

WHAT FACTOR HAD THE MOST INFLUENCE ON YOUR DECISION TO APPLY TO THIS PROGRAM?

- A previous participant in an HBS Executive Education program
Participant Name _____ Program/Year _____
 An MBA graduate of HBS
 Division Head or Manager
 HBS faculty
 Human resource department
 Other (specify): _____

IF YOU SAW A PRINT ADVERTISEMENT, PLEASE SPECIFY WHERE:

- Bloomberg Businessweek
 The Economist
 Harvard Business Review
 Harvard Business Review OnPoint
 strategy+business
 Other (specify): _____

IF YOU SAW AN ONLINE ADVERTISEMENT, PLEASE SPECIFY WHERE:

- Bloomberg Businessweek
 The Economist
 Financial Times
 Harvard Business Online
 LinkedIn
 strategy+business
 The Wall Street Journal
 Other (specify): _____

CANCELLATION POLICY

Payment is due within 30 days of the invoice date. Cancellations or deferrals must be submitted in writing more than 30 days before the program start date to receive a full refund. Due to program demand and the volume of preprogram preparation, cancellations or deferrals received 14 to 30 days before the program start date are subject to a fee of one-half of the program fee. Requests received within 14 days of the program start date are subject to full payment of the program fee.

Upon acceptance, payment is required prior to the program start date.

SIGNATURE OF APPLICANT: _____ DATE: _____

I certify that all the information and accompanying material provided in connection with this application are authentic and accurate.

SPONSORING INFORMATION

Harvard Business School Executive Education requires that a senior executive within the organization sponsor the applicant. (Please note that the sponsor must be someone other than the applicant.)

NAME OF ORGANIZATION: _____

nominates this senior manager for the Authentic Leadership Development program. It is understood that this executive, if admitted, will be completely free of official duties while participating in the program. It is also understood that this executive is proficient in fast-paced, conversational English.

SIGNATURE OF SPONSORING EXECUTIVE: _____ DATE: _____

NAME: _____
Last (family) First Middle Initial Prefix (Mr., Ms.) Suffix (Jr., II)

TITLE OR POSITION: _____

ADDRESS: _____
(P.O. boxes accepted outside U.S.) Street City State/Country Zip Code/Postal Code

TELEPHONE: _____ FAX: _____ EMAIL: _____

BILLING INFORMATION

An invoice will be emailed to the individual indicated below.

NAME: _____
Last (family) First Middle Initial Prefix (Mr., Ms.) Suffix (Jr., II)

TITLE OR POSITION: _____

COMPANY/ORGANIZATION NAME: _____

COMPANY/ORGANIZATION ADDRESS: _____
(P.O. boxes accepted outside U.S.) Street City State/Country Zip Code/Postal Code

TELEPHONE: _____ FAX: _____ EMAIL: _____

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