

ADVANCED MANAGEMENT PROGRAM

APPLICATION FOR ADMISSION

PLEASE SPECIFY SESSION DATE: _____

- Please answer all questions. This application must be fully completed and signed, and the Sponsoring Statement must be received, before review by the Admissions Committee.
- Please have your sponsoring executive complete the enclosed Sponsoring Statement. In addition, one letter of appraisal from the chief executive officer or chief operating officer is requested. These documents may be sent directly from the sponsoring official to the Admissions Committee or, if appropriate, may be sent together with the application.

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: _____

PREFERRED MAILING ADDRESS: _____ BUSINESS ADDRESS HOME ADDRESS

LANGUAGE PROFICIENCY

Proficiency in spoken and written English is essential for active participation in the fast-moving classes and small group discussions. If English is your second language, or if you have less than one year's experience working in an English-speaking environment, please provide a brief statement documenting your proficiency. (The Admissions Committee also may require an interview.)

PLEASE RETURN THIS APPLICATION:

BY MAIL:

ADMISSIONS COMMITTEE
Advanced Management Program
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
Advanced Management Program
Fax: +1-617-496-1731

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

CONFIDENTIAL: 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 employees are under your direct supervision? | _____ | |
| 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
- Food Service/Lodging
- Foundation/Grantmaking
- General Government
- Health Services
- 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 *Month/Year*

TO *Month/Year*

PLEASE ESTIMATE YOUR TOTAL YEARS OF PROFESSIONAL EXPERIENCE: _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR ORGANIZATION AND/OR BUSINESS UNIT.

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

WHAT ARE THE MOST FORMIDABLE CHALLENGES FACING YOUR ORGANIZATION AND/OR BUSINESS UNIT?

EDUCATION

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

UNIVERSITY: _____ YEAR: _____

HAVE YOU ATTENDED OTHER HARVARD BUSINESS SCHOOL PROGRAMS?

PROGRAM NAME _____ DATE _____

Please indicate, by putting an "X" in the appropriate box, the amount of prior experience and familiarity you have with each of the following areas or activities.

| | STRONG <i>Major job responsibility and/or formal academic training</i> | MODERATE <i>Working familiarity</i> | LITTLE OR NONE <i>Unfamiliar</i> |
|--|---|--|-------------------------------------|
| General Management: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accounting and Control: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marketing: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Finance and Financial Analysis: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Human Resource Management: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Production or Operations: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Information Technology: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Expertise (<i>please describe</i>): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

HOW DID YOU LEARN ABOUT THIS PROGRAM?

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

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

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

IF YOU SAW A PRINT ADVERTISEMENT, PLEASE SPECIFY WHERE:

BusinessWeek Harvard Business Review strategy+business Other (*specify*): _____
 The Economist The New Yorker

IF YOU SAW AN ONLINE ADVERTISEMENT, PLEASE SPECIFY WHERE:

Bloomberg The Economist Harvard Business Online The Wall Street Journal
 BusinessWeek Financial Times strategy+business 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.) Your application must be accompanied by a Sponsoring Statement.

SPONSORING COMPANY/ORGANIZATION NAME: _____

NAME: _____

Last (family)

First

Middle Initial

Prefix (Mr., Ms.)

Suffix (Jr., II)

TITLE OR POSITION: _____

EMAIL: _____

BILLING INFORMATION

An invoice will be emailed to your organization. Please complete the information 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: _____

In accordance with Harvard University policy, Harvard Business School does not discriminate against any person on the basis of race, color, sex or sexual orientation, gender identity, religion, age, national or ethnic origin, political beliefs, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.

ADVANCED MANAGEMENT PROGRAM

SPONSORING STATEMENT

Please type or print legibly.

NAME OF APPLICANT:

Last (family)

First

Middle Initial

Prefix (Mr., Ms.)

Suffix (Jr., II)

COMPANY/ORGANIZATION NAME:

SESSION DATE:

This statement should be completed by a senior executive of the organization who is thoroughly familiar with the candidate and can provide a detailed, firsthand appraisal. The candidate's application will not be reviewed until the application, Sponsoring Statement, and letter of appraisal all have been received.

To be eligible for attendance, the candidate must be a full-time employee of the sponsoring company throughout the entire session of the *Advanced Management Program*, and agree to return full-time to the sponsoring organization in a managerial role upon completion of the program.

Please have your sponsoring executive complete this Sponsoring Statement. In addition, one letter of appraisal from the chief executive officer or chief operating officer of the parent company (or the equivalent entity) is requested. If the CEO or COO already has completed the Sponsoring Statement, this letter should be from another senior corporate officer. Appraisals should evaluate the candidate's potential increase in responsibility, both short term and long term. These documents may be sent directly from the sponsoring official to the Admissions Committee or, if appropriate, may be sent together with the application.

In accordance with Harvard University policy, Harvard Business School does not discriminate against any person on the basis of race, color, sex or sexual orientation, gender identity, religion, age, national or ethnic origin, political beliefs, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.

Federal or state law may require that all admissions material be shown to a student upon request.

NAME OF SPONSORING OFFICIAL:

Last (family)

First

Middle Initial

Prefix (Mr., Ms.)

Suffix (Jr., II)

TITLE OR POSITION:

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:

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Fax: +1-617-496-1731

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PLEASE DESCRIBE THE RESPONSIBILITIES OF THE APPLICANT WITHIN THE ORGANIZATION, INCLUDING REPORTING RELATIONSHIPS.

NUMBER OF REPORTING LEVELS ABOVE THE APPLICANT, UP TO AND INCLUDING THE CHIEF EXECUTIVE OFFICER OF THE PARENT COMPANY: _____

NUMBER OF PEOPLE UNDER THE APPLICANT'S SUPERVISION: _____

PLEASE INDICATE ANY PROSPECTIVE CHANGES IN THE APPLICANT'S POSITION AND/OR FUTURE RESPONSIBILITIES WITHIN THE COMPANY AND, IN PARTICULAR, WHAT THOSE RESPONSIBILITIES WILL BE UPON RETURNING FROM THE PROGRAM.

PLEASE DESCRIBE YOUR OBJECTIVES IN NOMINATING THE APPLICANT FOR THE *ADVANCED MANAGEMENT PROGRAM*.

HAVE YOU DISCUSSED THESE OBJECTIVES WITH THE APPLICANT? YES NO

HOW WOULD YOU EVALUATE THE APPLICANT'S STRENGTHS, AS WELL AS AREAS FOR DEVELOPMENT? CONSIDER SUCH FACTORS AS KNOWLEDGE OF FINANCE, HUMAN RELATIONS, MARKETING, AND LEADERSHIP.

LANGUAGE PROFICIENCY

Proficiency in spoken and written English is essential for active participation in the fast-moving classes and small group discussions. If English is the applicant's second language, or if he or she has less than one year's experience working in an English-speaking environment, please provide a brief statement documenting his or her proficiency. *(The Admissions Committee also may request an interview.)*

PLEASE NOTE:

- It is understood that participants will be completely free of official duties while members of the program, and that they will not be asked to be absent from the program except for emergencies.
- The candidate's application will not be reviewed until the application, Sponsoring Statement, and letter of appraisal all have been received.
- 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.

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DATE: _____

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