

# BUILDING AND LEADING CUSTOMER-CENTRIC ORGANIZATIONS—EUROPE

HARVARD | BUSINESS | SCHOOL  
EXECUTIVE EDUCATION



## 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: \_\_\_\_\_

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  
Building and Leading  
Customer-Centric Organizations—Europe  
Harvard Business School  
Soldiers Field  
Boston, MA 02163-9986 U.S.

ONLINE:

Applications may be submitted  
online at: [www.exed.hbs.edu](http://www.exed.hbs.edu)

BY FAX:

ADMISSIONS COMMITTEE  
Building and Leading  
Customer-Centric Organizations—Europe  
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<br>(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 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*)     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
- Human resource department
- Division Head or Manager
- Other (specify): \_\_\_\_\_
- HBS faculty
- HBS Executive Education Corporate Relations

**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:**

- BusinessWeek
- Financial Times
- strategy+business
- Washington Post
- The Economist
- Harvard Business Online
- 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 *Building and Leading Customer-Centric Organizations—Europe* 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: \_\_\_\_\_

*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.*