

# COMPENSATION COMMITTEES



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

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  
Compensation Committees  
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  
Compensation Committees  
Fax: +1-617-496-1731

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



# 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 EXPLAIN YOUR OBJECTIVES AND GOALS AS THEY RELATE TO ATTENDING THIS PROGRAM.

### 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  An MBA graduate of HBS  Human resource department  
Participant Name \_\_\_\_\_  Division Head or Manager  Other (specify): \_\_\_\_\_  
Program/Year \_\_\_\_\_  HBS faculty \_\_\_\_\_  
 HBS Executive Education Corporate Relations

### IF YOU SAW A PRINT ADVERTISEMENT, PLEASE SPECIFY WHERE:

Bloomberg Businessweek  Directorship  Harvard Business Review  Other (specify): \_\_\_\_\_  
 Corporate Secretary  The Economist  Harvard Business Review OnPoint \_\_\_\_\_

### IF YOU SAW AN ONLINE ADVERTISEMENT, PLEASE SPECIFY WHERE:

Bloomberg Businessweek  Directorship  Forbes  strategy+business  
 Corporate Secretary  The Economist  LinkedIn  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.

## 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.*