

FINANCE FOR SENIOR EXECUTIVES

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:

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
Finance for Senior Executives
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
Finance for Senior Executives
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 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

To assist us in establishing well-rounded groups, please indicate, with an "X" in the appropriate box, your experience and familiarity with the subject areas listed below.

	STRONG	MODERATE	LITTLE OR NONE		STRONG	MODERATE	LITTLE OR NONE
Analysis of the competitive position of individual firms in an industry				Capital structure planning			
<i>Business strategies of competitors</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Target debt policy determination</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Financial strength of competitors</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Analysis of specific financing arrangements and sources</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design of management control systems				<i>Dividend policy determination</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Annual budgets</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Stock repurchases</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Five-year plans</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Capital market impact on financial decision making <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Incentive systems</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acquisitions and divestiture analysis <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysis of capital budgeting proposals							
<i>Discounted cash flow</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<i>Cost of capital determination</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<i>Strategic analysis of proposals</i> <input type="checkbox"/>	<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 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 Harvard Business Review strategy+business Other (specify):
- The Economist Harvard Business Review OnPoint

IF YOU SAW AN ONLINE ADVERTISEMENT, PLEASE SPECIFY WHERE:

- Bloomberg Businessweek Financial Times LinkedIn The Wall Street Journal
- The Economist Harvard Business Review 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.)

NAME OF ORGANIZATION: _____

nominates this senior manager for the Program Name Here 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.