

GROWING A PROFESSIONAL SERVICE FIRM —CHINA

HARVARD | BUSINESS | SCHOOL
EXECUTIVE EDUCATION



APPLICATION FOR ADMISSION

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:	Name (Pinyin):		
<i>Last (family)</i>	<i>First</i>		
NICKNAME/FAMILIAR NAME FOR NAME BADGE:		<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
NAME IN CHINESE <i>(if applicable)</i> :			
COUNTRY OF CITIZENSHIP:		DATE OF BIRTH:	
		<i>Month/Day/Year</i>	
TITLE OR POSITION:		DIVISION <i>(if applicable)</i> :	
COMPANY/ORGANIZATION NAME:			
YOUR COMPANY'S NAME IN CHINESE <i>(if applicable)</i> :			
<i>(Preferably, written in Chinese characters)</i>			
COMPANY/ORGANIZATION ADDRESS:			
<i>(P.O. boxes accepted outside U.S.)</i>	<i>Street</i>	<i>City</i>	<i>State/Country</i> <i>Zip Code/Postal Code</i>
COMPANY/ORGANIZATION TELEPHONE:		FAX:	
COMPANY/ORGANIZATION WEBSITE:		EMAIL:	
ULTIMATE PARENT COMPANY:			
YOUR HOME ADDRESS:			
	<i>Street</i>	<i>City</i>	<i>State/Country</i> <i>Zip Code/Postal Code</i>
HOME TELEPHONE:		MOBILE PHONE:	
PREFERRED MAILING ADDRESS:		<input type="checkbox"/> BUSINESS ADDRESS <input type="checkbox"/> HOME ADDRESS	

LANGUAGE PROFICIENCY

The program will be taught in both English and Chinese with translation. Please indicate the preferred language for classroom instruction. In addition, please select the preferred language in which to receive your classroom material.

INSTRUCTIONS: ENGLISH CHINESE

MATERIALS: ENGLISH CHINESE

PLEASE RETURN THIS APPLICATION:

Harvard Center Shanghai

Ms. Vivian Friedman
Client Service Manager
5th Floor HSBC Building
Shanghai International Financial Centre
No. 8 Century Avenue 200120
Email: harvardchina@hbs.edu
Telephone: +86-21-3852 3888
Fax: +86-21-3852 3820
<http://cn.exed.hbs.edu>

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 RMB):	□□□,□□□,□□□,□□□	□□□,□□□,□□□,□□□
The company's total assets:		Public Company: <input type="checkbox"/> Yes <input type="checkbox"/> No
Nature of Company:	<input type="checkbox"/> State-owned Enterprise <input type="checkbox"/> Privately-run/Non-state Enterprise <input type="checkbox"/> Sino-foreign Joint Venture <input type="checkbox"/> Wholly-owned Foreign Enterprise <input type="checkbox"/> Government	
Number of Employees:		
How many employees are under your direct supervision?		
How many reporting levels are above you (including the CEO 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):

- | | | |
|---|---|---|
| <input type="checkbox"/> Accounting/Control | <input type="checkbox"/> Logistics | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Manufacturing/Operations | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Marketing | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Medicine | <input type="checkbox"/> Sales |
| <input type="checkbox"/> General Management | <input type="checkbox"/> Planning | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Product Development | <input type="checkbox"/> Other |
| <input type="checkbox"/> Information Services | <input type="checkbox"/> Project Management | <i>specify:</i> _____ |
| <input type="checkbox"/> Law | <input type="checkbox"/> Public Relations | _____ |

ANNUAL COMPENSATION (INCLUDING BONUS) IN RMB: _____

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 Fudan MBA Other (*specify*): _____

UNIVERSITY: _____ YEAR: _____

HOW DID YOU LEARN ABOUT THIS PROGRAM?

- Direct mail package HBS website Print advertisement Other (*specify*):
- Email notification Internet search Social media
- Fudan website Online advertisement

IF YOU SAW A PRINT ADVERTISEMENT, PLEASE SPECIFY WHERE:

- Bloomberg Businessweek China Entrepreneur Economic Observer Other (*specify*):
- Caijing Magazine Eastern Air Harvard Business Review

IF YOU SAW AN ONLINE ADVERTISEMENT, PLEASE SPECIFY WHERE:

- Bloomberg Businessweek The Economist Harvard Business Review The Wall Street Journal
- Caijing Financial Times Nikkei Business(CEC Online)

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 and School of Management, Fudan University require 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 leader for the *Growing a Professional Service Firm—China* program. It is understood that this executive, if admitted, will be completely free of official duties while participating in the program.

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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