

# KEY EXECUTIVES PROGRAM



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

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

Key Executives Program

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

Key Executives Program

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.

### COMPANY INFORMATION

Annual Sales Volume (in U.S. dollars): \$ , , ,

CURRENT NUMBER OF EMPLOYEES: \_\_\_\_\_

YEAR COMPANY FOUNDED: \_\_\_\_\_

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: \_\_\_\_\_

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 DESCRIBE YOUR ROLE AND THE CRITICAL DECISIONS IN WHICH YOU ARE INVOLVED.

PLEASE PROVIDE A DETAILED DESCRIPTION OF YOUR COMPANY.

PLEASE DESCRIBE THE PERSONAL OBJECTIVES YOU HOPE TO ACHIEVE THROUGH PARTICIPATION IN THIS PROGRAM, AND HOW ACHIEVMENT OF THESE PERSONAL OBJECTIVES RELATES TO THE NEEDS OF YOUR FIRM.

### 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 matching the program agenda with the objectives of the participant, please check the box that most closely describes the amount of prior experience and familiarity you have with each of the following areas.

	PRIOR EXPERIENCE		
	STRONG	MODERATE	LITTLE OR NONE
Accounting and Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing, Merchandising, and Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finance and Financial Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Production or Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Systems (including Data Processing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ARE YOU IN A FAMILY BUSINESS?  YES  NO

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): \_\_\_\_\_

