

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: _____

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

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.

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): _____

