

OWNER/ PRESIDENT MANAGEMENT (OPM)



APPLICATION FOR ADMISSION

MAY 2013 SESSION

Please answer all questions. Application must be fully completed and signed before review by the Admissions Committee.

This is a writeable PDF. You may type directly on this form, or print it and complete it by hand. *Please type or print legibly.*

NOTE: You must use [Acrobat Reader 9.0](#) or higher to complete, save, and send this form electronically.

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
Owner/President Management
(OPM)

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
Owner/President Management
(OPM)

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): \$

NUMBER OF EMPLOYEES: CURRENT: _____ FIVE YEARS AGO: _____

YEAR COMPANY FOUNDED: _____

WERE YOU A FOUNDER? YES NO

HAVE YOU MADE SUBSTANTIAL ACQUISITIONS? YES NO

PERCENT OF CURRENT BUSINESS ACQUIRED IN LAST FIVE YEARS: _____ %

Ownership of company (%):

YOUR OWNERSHIP: _____ %

FAMILY MEMBERS: _____ %

PARTNERS: _____ %

OTHER (please specify): _____ %

PUBLIC: _____ %

TOTAL: _____ 100%

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: _____

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: _____

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

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 MANY BUSINESSES HAVE YOU STARTED? _____

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

WHAT ARE YOUR COMPANY'S MOST IMPORTANT GOALS FOR THE NEXT FIVE YEARS?

PLEASE DESCRIBE THE PERSONAL OBJECTIVES THAT YOU HOPE TO ACHIEVE THROUGH PARTICIPATION IN OPM, AND HOW ACHIEVEMENT OF THESE PERSONAL OBJECTIVES RELATES TO THE NEEDS OF YOUR FIRM.

DO YOU HAVE ANY CONCERNS ABOUT PARTICIPATING IN OPM? IF YES, PLEASE DESCRIBE.

PLEASE DESCRIBE YOUR COMPANY IN TERMS OF PRODUCT LINES OR SERVICES, YOUR RESPONSIBILITIES, AND RELEVANT OUTSIDE ACTIVITIES.

FAMILY OR OTHER PERSONAL INFORMATION (INCLUDING RECREATIONAL INTERESTS & HOBBIES).

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), HBS Executive Education Corporate Relations, HBS faculty

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, Family Business Magazine, LinkedIn, Other (specify), The Economist, Harvard Business Review, strategy+business, Entrepreneur, Inc./Fast Company

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.

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, 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.