

PUBLIC EDUCATION LEADERSHIP PROGRAM



HARVARD
GRADUATE SCHOOL OF EDUCATION

HARVARD | BUSINESS | SCHOOL
EXECUTIVE EDUCATION



TEAM APPLICATION

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

Confidential: For use by Admissions Committee only.

Please type or print legibly.

PELP will accept teams of 8 participants. PELP allows districts to build capacity by sending new teams over the course of several years. To ensure continuity, returning teams must include one member who has already attended PELP. With the exception of the superintendent, who is always welcome, teams may include no more than one returning member. The application deadline is April 1, 2011.

Note: Thanks to a generous gift from the HBS class of 1963, scholarship funding for the 2011 program in the amount of \$2,400, is available for all participating districts of eight members. For more information, please contact the Public Education Leadership Program at pelp@gse.harvard.edu or +1-617-384-7781.

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):*

SCHOOL NAME:

SCHOOL ADDRESS:

(P.O. boxes accepted outside U.S.)

Street

City

State/Country

Zip Code/Postal Code

SCHOOL TELEPHONE:

FAX:

SCHOOL WEBSITE:

EMAIL:

YOUR HOME ADDRESS:

Street

City

State/Country

Zip Code/Postal Code

HOME TELEPHONE:

MOBILE TELEPHONE:

PREFERRED MAILING ADDRESS:

SCHOOL

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:

ONLINE:

BY FAX:

ADMISSIONS COMMITTEE
Public Education Leadership Program
Harvard Business School
Soldiers Field
Boston, MA 02163-9986 U.S.

Applications may be submitted
online at: www.exed.hbs.edu

ADMISSIONS COMMITTEE
Public Education Leadership Program
Fax: +1-617-496-1731

For questions on the status of your submitted application, please call +1-617-495-6226.

WORK EXPERIENCE

TOTAL YEARS IN YOUR CURRENT POSITION: _____

WHAT FUNCTION BEST DESCRIBES YOUR POSITION? (check one only):

- | | | |
|---|---|--|
| <input type="checkbox"/> Assistant Principal | <input type="checkbox"/> Director of Curriculum, Instruction and Assessment | <input type="checkbox"/> Student Support Services Member |
| <input type="checkbox"/> Assistant Superintendent | <input type="checkbox"/> Director of Human Resources | <input type="checkbox"/> Superintendent |
| <input type="checkbox"/> Chief Academic Officer | <input type="checkbox"/> Office Administrator | <input type="checkbox"/> Teacher Leader |
| <input type="checkbox"/> Community Liaison | <input type="checkbox"/> Principal | <input type="checkbox"/> Union Leaders |
| <input type="checkbox"/> Director of Administration and Finance | <input type="checkbox"/> School Board Member | <input type="checkbox"/> Other (specify): _____ |

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
_____	_____
_____	_____

HOW DID YOU LEARN ABOUT THIS PROGRAM?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Direct mail package | <input type="checkbox"/> HGSE notification | <input type="checkbox"/> Print advertisement | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> HBS email notification | <input type="checkbox"/> Internet search | <input type="checkbox"/> Social media | |
| <input type="checkbox"/> HBS Executive Education website | <input type="checkbox"/> Online advertisement | | |

WHAT FACTOR HAD THE MOST INFLUENCE ON YOUR DECISION TO APPLY TO THIS PROGRAM?

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> A previous participant in an HBS Executive Education program
Participant Name _____
Program/Year _____ | <input type="checkbox"/> A previous participant in an HGSE Program in Professional Education
Participant Name _____
Program/Year _____ | | |
| <input type="checkbox"/> A graduate of HGSE | <input type="checkbox"/> District leadership | <input type="checkbox"/> HGSE faculty | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> An MBA graduate of HBS | <input type="checkbox"/> HBS faculty | <input type="checkbox"/> Human resource department | _____ |

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.

SCHOOL DISTRICT INFORMATION

SUPERINTENDENT NAME: _____ SCHOOL DISTRICT _____

nominates the senior team members listed below for the *Public Education Leadership Program*. It is understood that these team members, if admitted, will be completely free of official duties while participating in the program and that the sponsoring organization assumes responsibility for payment of the program fee. It is also understood that these team members are proficient in fast-paced, conversational English.

Anticipated Team Members:

1. NAME/TITLE: _____ 5. NAME/TITLE: _____

2. NAME/TITLE: _____ 6. NAME/TITLE: _____

3. NAME/TITLE: _____ 7. NAME/TITLE: _____

4. NAME/TITLE: _____ 8. NAME/TITLE: _____

BILLING INFORMATION

An invoice will be emailed to your organization. Please complete the information below.

NAME: _____
Last (family) First Middle Initial Prefix (Mr., Ms.) Suffix (Jr., II)

TITLE OR POSITION: _____

SCHOOL DISTRICT NAME: _____

SCHOOL DISTRICT 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.