

# PROGRAM FOR LEADERSHIP DEVELOPMENT



## APPLICATION FOR ADMISSION

PLEASE SPECIFY SESSION DATE: \_\_\_\_\_

- Please answer all questions. This application must be fully completed and signed, and the Sponsoring Statement must be received, before review by the Admissions Committee.
- Please have your sponsoring executive complete the enclosed Sponsoring Statement. This document may be sent directly from the sponsoring official to the Admissions Committee or, if appropriate, may be sent together with the application.
- 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 7.0](#) 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: \_\_\_\_\_

ULTIMATE PARENT COMPANY: \_\_\_\_\_

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 active participation in the fast-moving classes and small group discussions. If English is your second language, or if you have less than one year's experience working in an English-speaking environment, please provide a brief statement documenting your proficiency. *(The Admissions Committee also may require an interview.)*

## PLEASE RETURN THIS APPLICATION:

BY MAIL:

ADMISSIONS COMMITTEE  
Program for Leadership Development  
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  
Program for Leadership Development  
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.

## ORGANIZATION

	YOUR ULTIMATE PARENT COMPANY	YOUR COMPANY/DIVISION
Products/Services:		
Annual Sales Volume (in U.S. dollars):	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Number of Employees:		
How many employees are under your direct supervision?	_____	
How many reporting levels are above you, including the chief executive officer 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):

- Accounting/Control
- Engineering
- Finance
- Fundraising
- General Management
- Human Resources
- Information Services
- Law
- Logistics
- Manufacturing/Operations
- Marketing
- Medicine
- Planning
- Product Development
- Project Management
- Public Relations
- Purchasing
- Religion
- Research & Development
- Sales
- Teaching
- Other  
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 <i>Month/Year</i>	TO <i>Month/Year</i>
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PLEASE ESTIMATE YOUR TOTAL YEARS OF PROFESSIONAL EXPERIENCE: \_\_\_\_\_

Please continue your responses on the back cover or attach a separate statement if necessary.

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR ORGANIZATION AND/OR BUSINESS UNIT.

PLEASE DESCRIBE YOUR CURRENT RESPONSIBILITIES, INCLUDING YOUR LEVEL IN THE ORGANIZATION.

WHAT OBJECTIVES DO YOU HOPE TO ACHIEVE BY ATTENDING THIS PROGRAM?

WHAT DO YOU ANTICIPATE YOUR CAREER PROGRESSION WILL BE WITHIN YOUR COMPANY IN THE NEXT FIVE YEARS?

HOW WOULD YOU CHARACTERIZE YOUR LEADERSHIP STRENGTHS AND WEAKNESSES? PROVIDE EXAMPLES AS APPROPRIATE.

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  Other

UNIVERSITY: \_\_\_\_\_ YEAR: \_\_\_\_\_

## HAVE YOU ATTENDED OTHER HARVARD BUSINESS SCHOOL PROGRAMS?

PROGRAM NAME	DATE
_____	_____
_____	_____

Please indicate, by putting an "X" in the appropriate box, the amount of prior experience and familiarity you have with each of the following areas or activities.

	STRONG <i>Major job responsibility and/or formal academic training</i>	MODERATE <i>Working familiarity</i>	LITTLE OR NONE <i>Unfamiliar</i>
General Management:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accounting and Control:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finance and Financial Analysis:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Resource Management:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Production or Operations:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Technology:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Expertise <i>(please describe):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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  
 Participant Name \_\_\_\_\_  
 Program/Year \_\_\_\_\_
- An MBA graduate of HBS   
  Division Head or Manager   
  Human resource department  
 HBS faculty   
  Other (specify): \_\_\_\_\_
- HBS Executive Education Corporate Relations

## IF YOU SAW A PRINT ADVERTISEMENT, PLEASE SPECIFY WHERE:

- BusinessWeek   
  Harvard Business Review   
  strategy+business   
  Other (specify): \_\_\_\_\_  
 The Economist   
  The New Yorker

## IF YOU SAW AN ONLINE ADVERTISEMENT, PLEASE SPECIFY WHERE:

- BusinessWeek   
  Harvard Business Online   
  strategy+business   
  Wired  
 The Economist   
  LinkedIn   
  Washington Post   
  Other (specify): \_\_\_\_\_

# 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 requires that a senior executive within the organization sponsor the applicant. (Please note that the sponsor must be someone other than the applicant.) Your application must be accompanied by a Sponsoring Statement.

SPONSORING COMPANY/ORGANIZATION NAME: \_\_\_\_\_

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

TITLE OR POSITION: \_\_\_\_\_

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: \_\_\_\_\_

*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.*

# PROGRAM FOR LEADERSHIP DEVELOPMENT



## SPONSORING STATEMENT

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 7.0](#) or higher to complete, save, and send this form electronically.**

NAME OF APPLICANT:

*Last (family)*

*First*

*Middle Initial*

*Prefix (Mr., Ms.)*

*Suffix (Jr., II)*

COMPANY/ORGANIZATION NAME:

SESSION DATE:

This statement should be completed by a senior executive of the organization who is thoroughly familiar with the candidate and can provide a detailed, firsthand appraisal. The candidate's application will not be reviewed until both the application and Sponsoring Statement have been received.

To be eligible for attendance, the candidate must be a full-time employee of the sponsoring company throughout the entire session of the *Program for Leadership Development*, and agrees to return full-time to the sponsoring organization in a managerial role upon completion of the program.

Please have your sponsoring executive complete this Sponsoring Statement. This document may be sent directly from the sponsoring official to the Admissions Committee or, if appropriate, may be sent together with the application.

*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.*

*Federal or state law may require that all admissions material be shown to a student upon request.*

NAME OF SPONSORING OFFICIAL:

*Last (family)*

*First*

*Middle Initial*

*Prefix (Mr., Ms.)*

*Suffix (Jr., II)*

TITLE OR POSITION:

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:

## PLEASE RETURN THIS SPONSORING STATEMENT:

**BY MAIL:**

**ADMISSIONS COMMITTEE**

**Program for Leadership Development**

Harvard Business School

Soldiers Field

Boston, MA 02163-9986 U.S.

**BY FAX:**

**ADMISSIONS COMMITTEE**

**Program for Leadership Development**

Fax: +1-617-496-1731

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

**CONFIDENTIAL:** The information you provide below is for use by the Admissions Committee only.

**PLEASE DESCRIBE THE CURRENT RESPONSIBILITIES OF THE APPLICANT WITHIN THE ORGANIZATION.**

**NUMBER OF REPORTING LEVELS ABOVE THE APPLICANT, UP TO AND INCLUDING THE CHIEF EXECUTIVE OFFICER OF THE PARENT COMPANY:** \_\_\_\_\_

*PLEASE PROVIDE AN ORGANIZATIONAL CHART.*

**HOW DOES THE COMPANY IDENTIFY AND EVALUATE "HIGH-POTENTIAL" INDIVIDUALS?**

**WHAT COMPANY PROCESSES OR PROGRAMS ARE IN PLACE TO DEVELOP THESE INDIVIDUALS?**

**HOW MANY OF THESE INDIVIDUALS HAS THE COMPANY IDENTIFIED AT THIS TIME?**

PLEASE DESCRIBE YOUR OBJECTIVES IN NOMINATING THE APPLICANT FOR THE *PROGRAM FOR LEADERSHIP DEVELOPMENT*.

WHAT DISTINGUISHES THE APPLICANT FROM OTHER "HIGH-POTENTIAL" INDIVIDUALS?

WHAT PROSPECTIVE CHANGES ARE PLANNED IN THE APPLICANT'S POSITION AND/OR RESPONSIBILITIES UPON COMPLETION OF THE PROGRAM?

WHAT, IF ANY, LONG-RANGE ORGANIZATIONAL LEADERSHIP OBJECTIVES HAVE BEEN IDENTIFIED FOR THE APPLICANT AT THIS TIME?

HAVE YOU DISCUSSED THESE OBJECTIVES WITH THE APPLICANT?     YES     NO

HOW WOULD YOU EVALUATE THE APPLICANT'S STRENGTHS, AS WELL AS AREAS FOR DEVELOPMENT? CONSIDER SUCH FACTORS AS KNOWLEDGE OF FINANCE, HUMAN RELATIONS, MARKETING, AND LEADERSHIP.

HOME-BASED MODULES I AND III OF THE *PROGRAM FOR LEADERSHIP DEVELOPMENT* REQUIRE AN AVERAGE COMMITMENT OF FOUR TO SIX HOURS PER WEEK. IS THE COMPANY WILLING TO SUPPORT THIS TIME COMMITMENT DURING THE COURSE OF THE PROGRAM?     YES     NO

# LANGUAGE PROFICIENCY

Proficiency in spoken and written English is essential for active participation in the fast-moving classes and small group discussions. If English is the applicant's second language, or if he or she has less than one year's experience working in an English-speaking environment, please provide a brief statement documenting his or her proficiency. *(The Admissions Committee also may request an interview.)*

## PLEASE NOTE:

- It is understood that participants will be completely free of official duties while members of the program, and that they will not be asked to be absent from the program except for emergencies.
- The candidate's application will not be reviewed until both the application and Sponsoring Statement have been received.
- 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.

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SIGNATURE OF SPONSORING OFFICIAL: \_\_\_\_\_

DATE: \_\_\_\_\_

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