



SENIOR EXECUTIVE PROGRAM FOR CHINA

APPLICATION FOR ADMISSION

- 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: _____ Name (Pinyin): _____
Last (family) First

NICKNAME/FAMILIAR NAME FOR NAME BADGE: _____ MALE FEMALE

NAME IN CHINESE (if applicable): _____

COUNTRY OF CITIZENSHIP: _____ DATE OF BIRTH: _____
Month/Day/Year

TITLE OR POSITION: _____ DIVISION (if applicable): _____

COMPANY/ORGANIZATION NAME: _____

YOUR COMPANY'S CHINESE NAME (if applicable): _____
(Preferably, written in Chinese characters)

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: _____ MOBILE PHONE: _____

PREFERRED MAILING ADDRESS: BUSINESS ADDRESS HOME ADDRESS

LANGUAGE PROFICIENCY

The program will be taught in both English and Chinese with translation. Please indicate the preferred language for classroom instruction. In addition, please select the preferred language in which to receive your classroom material.

INSTRUCTIONS: ENGLISH CHINESE MATERIALS: ENGLISH CHINESE

PLEASE RETURN THIS APPLICATION:

Harvard Business School

Ms. Tracy Pang
 Account Director
 Executive Education
 Telephone: +86-21-3852 3888
 Fax: +86-21-3853 3820
 Mobile: +86-138 1650 3936
 Email: harvardchina@hbs.edu
 tpang@hbs.edu
 Website: http://cn.exed.hbs.edu

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 RMB):	□□□,□□□,□□□,□□□	□□□,□□□,□□□,□□□

Number of Employees: _____
 How many employees are under your direct supervision? _____
 How many reporting levels are above you, including the CEO 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 RMB: _____

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: _____

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

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

3. PLEASE EXPLAIN YOUR OBJECTIVES AND GOALS AS THEY RELATE TO ATTENDING THIS PROGRAM. ALSO DESCRIBE WHAT YOU THINK OTHER PROGRAM PARTICIPANTS MAY LEARN FROM YOU (E.G., PERSPECTIVES, SKILLS, EXPERTISE).

4. WHAT ARE THE MOST FORMIDABLE CHALLENGES FACING YOUR ORGANIZATION AND/OR BUSINESS UNIT?

EDUCATION

DEGREE (check only highest level attained)

- High School
 BS/BA
 MS/MA
 MBA
 Harvard MBA
 TSEM MBA
 JD/Law
 PhD
 MD
 Foreign Diploma
 CIEBS MBA
 Other

UNIVERSITY: _____ YEAR: _____

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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(please describe)</i>			

HOW DID YOU LEARN ABOUT THIS PROGRAM?

- Advertisement Direct mail HBS Website TSEM Website
 CEIBS Website Email notification Internet search Other (specify):

IF YOU SAW A PRINT ADVERTISEMENT, PLEASE SPECIFY WHERE:

- 21st Century Business Herald China Business News China Entrepreneur Other (specify):
 Harvard Business Review Tsinghua Business Review

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, Tsinghua-SEM, and CEIBS require that a senior executive within the organization sponsor the applicant. (Please note that the sponsor must be someone other than the applicant.)

NAME OF ORGANIZATION: _____

Nominates this leader for the Senior Executive Program for China program. It is understood that this executive, if admitted, will be completely free of official duties while participating in the program.

SIGNATURE OF SPONSORING EXECUTIVE: _____ DATE: _____

NAME: _____

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

TITLE OR POSITION: _____

ADDRESS: _____

(P.O. boxes accepted outside U.S.) Street City State/Country Zip Code/Postal Code

TELEPHONE: _____ FAX: _____ 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: _____

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