

Sample Application



Harvard
Business
School
Executive
Education

THIS SAMPLE APPLICATION IS FOR REFERENCE ONLY. PLEASE DO NOT SUBMIT. YOU CAN ACCESS THE APPLICATION FOR YOUR PROGRAM OF INTEREST AT WWW.EXED.HBS.EDU. APPLICATION QUESTIONS FOR YOUR PROGRAM OF INTEREST MAY DIFFER SLIGHTLY.

Please indicate the program for which you are applying:

PROGRAM: _____ SESSION DATE: _____
MM/DD/YYYY

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

It is the applicant's responsibility to notify Harvard Business School of any change in employment status that occurs between the time this application is submitted and the start of the program.

Proficiency in spoken and written English is essential for participation in Harvard Business School Executive Education programs.

I certify that all the information and accompanying material provided in connection with this application are authentic and accurate.

SIGNATURE OF APPLICANT: _____ DATE: _____
MM/DD/YYYY

GENERAL INFORMATION

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

NICKNAME/FAMILIAR NAME FOR NAME BADGE: _____

COUNTRY OF CITIZENSHIP: _____ DATE OF BIRTH: _____
MM/DD/YYYY

HOW WOULD YOU DESCRIBE YOUR GENDER?

- Female Male Gender queer/gender non-conforming
 Trans female/trans woman Trans male/trans man A different identity
 Prefer not to answer

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

COMPANY/ORGANIZATION NAME: _____

COMPANY/ORGANIZATION ADDRESS (P.O. box accepted outside U.S.):

Street City/Province State/Country Zip/Postal Code (if none, enter 00000)

COMPANY/ORGANIZATION TELEPHONE: _____

COMPANY/ORGANIZATION WEBSITE: _____

ULTIMATE PARENT COMPANY (if different from Company/Organization Name): _____

YOUR PRIMARY EMAIL (to be used for admissions correspondence): _____

HOME ADDRESS (P.O. box accepted outside U.S.):

Street City/Province State/Country Zip/Postal Code (if none, enter 00000)

HOME TELEPHONE: _____ MOBILE TELEPHONE: _____

PREFERRED MAILING ADDRESS: BUSINESS ADDRESS HOME ADDRESS

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

ORGANIZATION

| | YOUR ULTIMATE PARENT COMPANY | YOUR COMPANY OR 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 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.

Please select your current industry (check one only):

- | | | |
|--|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Apparel | <input type="checkbox"/> Environmental | <input type="checkbox"/> Raw Materials |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Finance | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Government | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Health Care | <input type="checkbox"/> Shipping |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Insurance | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Consumer Products | <input type="checkbox"/> Machinery | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Education | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Media | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Not For Profit | |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Pharmaceuticals | |

What function best describes your position? (check one only):

- | | | |
|---|---|---|
| <input type="checkbox"/> Accounting/Control | <input type="checkbox"/> Logistics | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Manufacturing/Operations | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Marketing | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Medicine | <input type="checkbox"/> Sales |
| <input type="checkbox"/> General Management | <input type="checkbox"/> Planning | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Product Development | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Information Services | <input type="checkbox"/> Project Management | |
| <input type="checkbox"/> Law | <input type="checkbox"/> Public Relations | |

Annual compensation (including bonus) in U.S. dollars (check one only):

- | | | |
|--|--|--|
| <input type="checkbox"/> <\$100,000 | <input type="checkbox"/> \$151,000-\$200,000 | <input type="checkbox"/> \$301,000-\$500,000 |
| <input type="checkbox"/> \$100,000-\$150,000 | <input type="checkbox"/> \$201,000-\$300,000 | <input type="checkbox"/> >\$500,000 |

WORK EXPERIENCE

Please list your positions in reverse chronological order, starting with your current, or most recent one. If all positions are in the same company, please give the major promotional sequence.

NAME OF COMPANY

TITLE OR POSITION

FROM (MM/YYYY) TO (MM/YYYY or CURRENT if employed)

Please estimate your total years of professional experience: _____

Please provide a brief description of your organization and/or business unit.

Please describe your current responsibilities, including your level in the organization.

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).

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: _____

If you have attended other Harvard Business School programs, please list them below.

PROGRAM _____

DATE (MM/YYYY) _____

How did you learn about this program?

- | | | |
|--|--|---|
| <input type="checkbox"/> Direct mail package | <input type="checkbox"/> Online advertisement | <input type="checkbox"/> Social media |
| <input type="checkbox"/> HBS email notification | <input type="checkbox"/> Podcast advertisement | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> HBS Executive Education website | <input type="checkbox"/> Print advertisement | |
| <input type="checkbox"/> Internet search | <input type="checkbox"/> Radio 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"/> An MBA graduate of HBS | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> HBS Executive Education Program Advising | <input type="checkbox"/> Division Head or Manager | |
| <input type="checkbox"/> HBS Executive Education Client Development | <input type="checkbox"/> HBS faculty | |
| | <input type="checkbox"/> Human resource department | |

PAYMENT, CANCELLATION, AND DEFERRAL POLICY

The program fee covers tuition and program materials. For in-person and blended programs, the fee also includes accommodations and most meals. You will be invoiced upon admission to the program. Payment is due within 30 days, or upon receipt of the invoice if the program start date is fewer than 30 days from the invoice date.

If you need to cancel your participation, you must submit your request in writing at least 30 days prior to the program start date. For those who have paid, cancellation requests meeting the 30-day-notice requirement will result in a refund of the amount paid. Cancellation requests received 14 to 30 days prior to the start of the program are subject to a cancellation fee equal to one-half of the program fee. Cancellation requests received fewer than 14 days prior to the start of the program are subject to a cancellation fee equal to the program fee.

As an alternative to cancellation, participants who have paid the full program fee may request one deferral to a future confirmed program. Deferral requests will be reviewed based on space available and admissions policies. If admitted, participants may be responsible for any difference between the program fee they have already paid and the program fee for the future program.

I have read the payment, cancellation, and deferral policy and agree to the terms stated. (please initial here): _____

NOMINATING INFORMATION

Please provide the nominating executive's contact information. The nominating executive may be a senior executive or board member within the organization, or a Harvard Business School alumni member familiar with the candidate. Please note that the nominating executive must be someone other than the applicant. HBS may contact the nominating executive as part of the application review process.

NAME:

First

Middle Initial Last

Prefix (Mr., Ms.)

Suffix (Jr., II)

TITLE OR POSITION:

NOMINATING EXECUTIVE COMPANY/ORGANIZATION NAME:

NOMINATING ORGANIZATION ADDRESS (P.O. box accepted outside U.S.):

Street City/Province State/Country Zip/Postal Code (if none, enter 00000)

NOMINATING ORGANIZATION TELEPHONE:

EMAIL:

INVOICING INFORMATION

If the invoice contact is different from the applicant or nominating executive, please enter the contact's details in the section below.

NAME:

First

Middle Initial Last

Prefix (Mr., Ms.)

Suffix (Jr., II)

TITLE OR POSITION:

ORGANIZATION CODE (If your company provided an organization invoicing code, please add it here. Otherwise, leave this blank.):

COMPANY/ORGANIZATION NAME:

COMPANY/ORGANIZATION ADDRESS (P.O. box accepted outside U.S.):

Street City/Province State/Country Zip/Postal Code (if none, enter 00000)

TELEPHONE:

EMAIL:

Harvard Business School (HBS) is governed by a set of community values that foster honesty, respect for others, and accountability for one's actions. HBS considers these values essential for a safe and productive learning environment for all. Harvard Business School reserves the right to withdraw an offer of admission in the event that any part of your application contains misrepresentations, or if you engage in, or have engaged in, behavior that violates HBS Community Values.

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.

PLEASE RETURN THIS APPLICATION:

ONLINE:

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

EMAIL:

Applications may be submitted
via email to: exed_admissions@hbs.edu

For questions on the status of your submitted application, please email exed_admissions@hbs.edu or call +1.617.495.6226.