

EXECUTIVE EDUCATION

APPLICATION FOR ADMISSION 2008

Please mail or fax completed application. Receipt of applications will be confirmed by email within three days. If you do not receive confirmation of receipt of your application, please contact us at the phone or fax number listed on page 6. Please complete all sections of this application in full. All information is strictly confidential. Print clearly or type. Please photocopy if additional application forms are needed.

PLEASE INDICATE THE PROGRAM FOR WHICH YOU ARE APPLYING

Dates and tuition are subject to change.

GENERAL MANAGEMENT PROGRAMS

For the six-week **Stanford Executive Program**, please visit www.gsb.stanford.edu/exed/sep.

- Executive Management Program: Gaining New Perspectives
- Executive Program for Growing Companies
- Executive Program for Women Leaders
- Leading Family Firms
- Stanford-National University of Singapore Executive Program in International Management

SPECIALIZED PROGRAMS

- Customer-Focused Innovation
(additional question required – page 5)
- Design Thinking Boot Camp: From Insights to Innovation
- Executing Strategic Change in Dynamic Environments
(additional questions required – page 5)
- Executive Program in Leadership: The Effective Use of Power
- Executive Program in Strategy and Organization

SPECIALIZED PROGRAMS *(continued)*

- Finance and Accounting for the Nonfinancial Executive
- Financial Management Program
- Human Resources for Strategic Advantage
- Influence and Negotiation Strategies Program
- Interpersonal Dynamics for High-Performance Executives
- Leading Change and Organizational Renewal
- Leading Change and Organizational Renewal: Senior Teams Linking Strategy to Action
- Managing Teams for Innovation and Success
- Stanford Directors' Forum
- Strategic Marketing Management
- Strategic Uses of Information Technology
- Strategies and Leadership in Supply Chains
- _____
(Specify Program)

GENERAL INFORMATION

Name _____
(Dr./Mr./Ms.) (First/Given) (Middle) (Last/Family)

Male Female

Job Title _____

Company / Organization _____

Start Date for Current Job _____

Business Address _____

City / State / Province / Postal Code _____

Country _____

Business Phone _____
(Please include country code and area or city code.)

Fax _____
(Please include country code and area or city code.)

Email _____
(Very Important: Please include complete email address.)

PERSONAL INFORMATION

Home Address _____

City / State / Province / Postal Code _____

Country _____

Home Phone _____
(Please include country code and area or city code.)

Date of Birth _____
(Month [spell out], day, year)

Name for Identification Badge _____

Emergency Contact Name / Relationship _____

Emergency Contact Phone _____
(Please include country code and area or city code.)

Country of Citizenship _____

List the language(s) in which you are fluent.* _____

**Applicants must be proficient in the English language. All classes and discussions are conducted in English.*

COMPANY / ORGANIZATION INFORMATION

Number of employees / staff _____

Annual sales or annual budget (in USD) _____

Company website _____

Is your company / organization a subsidiary or division of another company / organization?

Name of parent company / organization _____

Number of employees in parent company / organization _____

INDUSTRY (Check most appropriate box.)

- | | |
|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Government |
| <input type="checkbox"/> Advertising / Marketing | <input type="checkbox"/> Health Care Services |
| <input type="checkbox"/> Aerospace / Defense | <input type="checkbox"/> Legal / Advocacy Services |
| <input type="checkbox"/> Agriculture / Food / Beverage | <input type="checkbox"/> Manufacturing / Consumer Products |
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Manufacturing / Industrial Products |
| <input type="checkbox"/> Broadcasting | <input type="checkbox"/> Military |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Mining / Metal Processing |
| <input type="checkbox"/> Computer / Peripherals | <input type="checkbox"/> Petroleum / Oil / Gas |
| <input type="checkbox"/> Construction / Engineering | <input type="checkbox"/> Pharmaceuticals / Medical Devices |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Printing / Publishing |
| <input type="checkbox"/> Education | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Electronics / Semiconductors | <input type="checkbox"/> Retail / Wholesale |
| <input type="checkbox"/> Entertainment / Leisure | <input type="checkbox"/> Software |
| <input type="checkbox"/> Environmental Services | <input type="checkbox"/> Telecommunications / Information Services |
| <input type="checkbox"/> Financial Services / Insurance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Food Service / Lodging | <input type="checkbox"/> Utilities |
| | <input type="checkbox"/> Other _____ |

POSITION INFORMATION

Number of People You Manage Directly _____

Job Title of Person to Whom You Report _____

Annual budget in your control (in USD) _____

What function best describes your position? (Check one only.)

- Finance / Accounting
- General Management
- Human Resources / Administration
- Information Technology
- Logistics
- Medical Technology
- Operations / Production
- Research / Development
- Sales / Marketing

Total direct compensation including incentive compensation (in USD)

- Under \$50,000 (specify) _____
- \$50,000 – \$74,999
- \$75,000 – \$99,999
- \$100,000 – \$149,999
- \$150,000 – \$199,999
- \$200,000 – \$249,999
- \$250,000 – \$300,000
- Over \$300,000
- Other _____

EMPLOYMENT RECORD

List the positions you have held during the last 10 years, beginning with the most recent. Treat different assignments in the same firm as separate positions. Attach a separate sheet if necessary.

Name of Company	Position	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)

EDUCATION

College / University	Year Granted	Degree Granted	Major

PROFESSIONAL EDUCATION

School / Program	Dates of Attendance (mm/dd/yyyy)

PLEASE INDICATE HOW YOU LEARNED ABOUT THIS PROGRAM

How did you first hear about the program? _____

PLEASE CHECK ALL OTHER SOURCES THAT APPLY.

I WAS REFERRED BY:

- Human Resources Director** _____
(name)
- Manager / Supervisor** _____
(name)
- Previous Participant** _____
(name / year)
- Met with a Stanford Representative** _____
(name)
- Other** _____
(specify)

DIRECT MAIL:

- Received a brochure**
- Other** _____
(specify)

I PREVIOUSLY ATTENDED:

- Other GSB Executive Education Program** _____
(name/year)
- Stanford Breakfast Briefings**
- Other Stanford GSB / Alumni Event**
- Professional Conference** _____
(specify)

DIRECTORY:

- Brickers International Directory**
- Other** _____
(specify)

INTERNET:

- Initially went to Stanford website**
- Saw marketing materials or advertisement, then went to website**
- Email newsletter**
- Search engine** _____
(specify)

ADVERTISEMENT IN:

- Américaeconomía**
- Chronicle of Philanthropy**
- Corporate Secretary**
- Directorship**
- European Business Forum**
- Family Business**
- Financial Times**
- Fortune**
- Harvard Business Review**
- MIT Sloan Management Review**
- SHRM**
- Stanford Magazine**
- Strategy & Business**
- Wired**
- Other** _____
(specify)
- Business Week**
- Corporate Board Member**
- Critical Eye**
- The Economist**
- Executive Counsel**
- Fast Company**
- Forbes**
- Fortune Small Business**
- Latin Trade**
- Newsweek**
- Stanford Business Magazine**
- Stanford Social Innovation Review**
- Wall Street Journal**

ADDITIONAL INFORMATION (To complete the following questions, attach a separate sheet if necessary.)

Describe your present duties and responsibilities, including information about the number of people supervised and / or volume of sales and assets managed. An organizational chart is required, indicating your position and the number of people you manage.

What do you hope to achieve by participating in this program? In what ways do you believe the program can be most useful for you and your company/organization?

If you are applying to **Executing Strategic Change in Dynamic Environments**, please answer the following three questions.

This program requires that participants are actively engaged in planning or executing a strategic change project. Please provide a brief overview of your strategic change program, the scope of the organizational change that will be involved, and a description of your leadership role in executing the strategic change in the project.

Describe the current status of your strategic change project – are you still in the planning process or have you already taken significant action to execute the project? Please summarize in a few sentences the actions envisaged and / or taken.

What are the most significant challenges and obstacles that you have encountered or expect to encounter in the execution of your strategic change project?

If you are applying to **Customer-Focused Innovation**, please answer the following question.

Describe your involvement in the innovation process at your company.

CORPORATE HUMAN RESOURCE / PROFESSIONAL DEVELOPMENT CONTACT

Name _____

Job Title _____

Company / Organization _____

Business Address _____

City / State / Province / Postal Code _____

Country _____

Business Phone _____
(Please include country code and area or city code.)

Fax _____
(Please include country code and area or city code.)

Email _____
(Very important: Please include complete email address.)

BILLING INFORMATION

Program tuition is payable upon notice of acceptance. Do not send payment with your application.

Please check here to use your business contact information for billing purposes.

Indicate the person to whom the invoice should be directed if you are accepted into the program.

Name _____

Job Title _____

Company / Organization _____

Business Address _____

City / State / Province / Postal Code _____

Country _____

Business Phone _____
(Please include country code and area or city code.)

Fax _____
(Please include country code and area or city code.)

Email _____
(Very Important: Please include complete email address.)

The following must be dated and signed in order to validate application.

Cancellation Policy: Please see program webpage for more details. Fees may apply if cancellation notice is not received prior to the cancellation deadline.

Name of applicant (please print)

Signature of applicant

Date

Selection of participants is based upon years of significant management experience, level within organization, and industrial and geographical diversity.

MAIL OR FAX TO

Office of Executive Education
Stanford Graduate School of Business
Stanford University
518 Memorial Way
Stanford, CA 94305-5015 USA

Telephone: 650.723.3341
Toll Free: 866.542.2205 (U.S. and Canada only)
Fax: 650.723.3950
Email: executive_education@gsb.stanford.edu
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