

EXECUTIVE EDUCATION

APPLICATION FOR ADMISSION 2010

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 Program for Growing Companies
- Stanford–National University of Singapore Executive Program in International Management

SPECIALIZED PROGRAMS

- Customer-Focused Innovation
(additional question required – page 4)
- The Directors' Consortium
- Executive Program for Women Leaders
- 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
- Influence and Negotiation Strategies Program
- Interpersonal Dynamics for High-Performance Executives
- Leading Change and Organizational Renewal
- Leading in Challenging Times
- Managing Talent for Strategic Advantage
- Managing Teams for Innovation and Success
- Strategic Marketing Management
- Strategies and Leadership in Supply Chains
- Other _____
(Specify Program)

GENERAL INFORMATION

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

Male Female

Job Title _____

Company / Organization _____

Start Date of 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 _____
(mm/dd/yy)

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

Website Address _____

Number of Employees / Staff _____

Annual Sales or Annual Budget (in USD) _____

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 |
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Manufacturing / Industrial |
| <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 Services / 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.)

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

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 – \$499,999
- \$500,000 – \$1,000,000
- Over \$1,000,000

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 / Organization	Position	Start Date (mm/yyyy)	End Date (mm/yyyy)

EDUCATION

College / University	Year Granted	Degree Granted	Major

PROFESSIONAL EDUCATION

School / Program	Start Date (mm/yyyy)	End Date (mm/yyyy)

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

Male **Female**

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 _____

BILLING INFORMATION

Tuition fees are due and payable upon receipt of an invoice, which will be emailed after acceptance decisions are made. (Do not send payment with your application.)

Please check 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 _____
(Dr./Mr./Ms.) (First) (Middle) (Last/Family)

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 _____

CANCELLATION POLICY

Cancellation policies and fees differ by program; see program webpages for more details. Fees may apply if cancellation notice is not received prior to the cancellation deadline. (The following must be dated and signed in order to validate application.)

 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.

PLEASE INDICATE HOW YOU FIRST LEARNED ABOUT THIS PROGRAM

ONLINE:

- Email newsletter** _____
(specify)
- Search engine** _____
(specify)
- Social Media** _____
(specify)
- Non-Stanford website** _____
(specify)

ADVERTISEMENT:

- Corporate Board Member**
- Corporate Secretary**
- Directorship**
- The Economist**
- European CEO**
- Harvard Business Review**
- Stanford Business Magazine**
- Stanford Magazine**
- Stanford Social Innovation Review**
- Strategy+Business**
- Other** _____
(specify)

DIRECT MAIL:

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

I PREVIOUSLY ATTENDED:

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

I WAS REFERRED BY:

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

SUBMIT TO

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

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