

STANFORD EXECUTIVE PROGRAM

APPLICATION FOR ADMISSION 2010

APPLICATION REQUIREMENTS

Prepare and attach all required supplemental materials.

Organizational Chart.

The organizational chart must illustrate the applicant's position in the organization and the number of reporting levels between the applicant and the chief executive officer.

Confidential Statement.

The confidential statement form that follows this application should be completed by the applicant's sponsoring corporate or organizational officer.

Corporate Professional Photograph.

A digital photograph of the applicant should be emailed to sep@gsb.stanford.edu. Digital photographs should be at 300 dpi resolution and should include the applicant's name in the filename.

Send completed materials by **April 30, 2010** (*see final page*).

ADMISSION PROCESS

Receipt of your application will be confirmed via email within three (3) business days of its arrival to our offices. Please note that the receipt of any application that arrives in our offices during the final two weeks of December will not be confirmed until January 4, 2010. Applicants will be notified of their admission status by early May 2010 or no later than six weeks after submitting the application. Program tuition is payable upon notice of acceptance.

DO NOT SEND PAYMENT WITH YOUR APPLICATION.

CANCELLATION POLICY

After acceptance into the program is confirmed, withdrawal from the program will result in a cancellation fee of \$1,000 USD. Withdrawal before or on May 7, 2010: 100% of paid fees will be refunded, minus cancellation fee. Between May 8 and May 21, 2010: 50% of paid fees will be refunded. After or on May 21, 2010: No tuition refund.

ENGLISH PROFICIENCY

Applicants must be proficient in the English language. All classes, discussions, and reading materials are in English.

GENERAL INFORMATION

Name _____
(Dr./Mr./Ms.) (First) (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 _____

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)

Nickname or Name for Name 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. _____

COMPANY / ORGANIZATION INFORMATION

Website Address _____

Number of Employees / Staff _____

Annual Revenue 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 _____

Parent Company / Organization Revenue (in USD) _____

INDUSTRY (Check most appropriate box.)

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

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?

What are the products or services provided by your specific area?

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

Upon acceptance, an invoice will be emailed to you and to the person indicated below. Tuition fees for the 2010 program will be due upon receipt of the invoice. Please do not send payment with your application.

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 _____

PLEASE INDICATE HOW YOU FIRST LEARNED ABOUT THIS PROGRAM

ONLINE:

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

ADVERTISEMENT:

- The Economist** **Stanford Business Magazine**
- European CEO** **Stanford Magazine**
- Harvard Business 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

Stanford Executive Program
Office of Executive Education
Stanford Graduate School of Business
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: sep@gsb.stanford.edu
Website: www.gsb.stanford.edu/exed/sep



STANFORD
GRADUATE SCHOOL OF BUSINESS