

ADVANCED MANAGEMENT

PROGRAM

APPLICATION FOR ADMISSION

PLEASE SPECIFY SESSION DATE: _____

- Please answer all questions. This application must be fully completed and signed, and the Sponsoring Statement must be received, before review by the Admissions Committee.
- Please have your sponsoring executive complete the enclosed Sponsoring Statement. In addition, one letter of appraisal from the chief executive officer or chief operating officer is requested. These documents may be sent directly from the sponsoring official to the Admissions Committee or, if appropriate, may be sent together with the application.
- This is a writeable PDF. You may type directly on this form, or print it and complete it by hand. *Please type or print legibly.*

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

SIGNATURE OF APPLICANT: _____

DATE: _____

NOTE: You must use [Acrobat Reader 9.0](#) or higher to complete, save, and send this form electronically.

GENERAL INFORMATION

NAME: _____

Last (family)

First

Middle Initial

Prefix (Mr., Ms.)

Suffix (Jr., II)

NICKNAME/FAMILIAR NAME FOR NAME BADGE: _____

MALE

FEMALE

COUNTRY OF CITIZENSHIP: _____

DATE OF BIRTH: _____

Month/Day/Year

TITLE OR POSITION: _____

DIVISION *(if applicable)*: _____

COMPANY/ORGANIZATION NAME: _____

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 TELEPHONE: _____

PREFERRED MAILING ADDRESS: _____

BUSINESS ADDRESS

HOME ADDRESS

LANGUAGE PROFICIENCY

Proficiency in spoken and written English is essential for active participation in the fast-moving classes and small group discussions. If English is your second language, or if you have less than one year's experience working in an English-speaking environment, please provide a brief statement documenting your proficiency. *(The Admissions Committee also may require an interview.)*

PLEASE RETURN THIS APPLICATION:

ONLINE:

Applications may be submitted
by email:

rachelle@netacademy.com.my

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 \$ <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"/> <i>(in U.S. dollars):</i>	\$ <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 employees are under your direct supervision? _____

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 or provide an organizational chart.

PLEASE CHECK 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 |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Not For Profit | <i>specify:</i> _____ |
| <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 |
| <input type="checkbox"/> Information Services | <input type="checkbox"/> Project Management | <i>specify:</i> _____ |
| <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"/> \$101,000–\$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 <i>if employed</i>)
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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 EMBA
 JD/Law PhD MD Foreign Diploma Other

UNIVERSITY: _____ YEAR: _____

HAVE YOU ATTENDED OTHER HARVARD BUSINESS SCHOOL PROGRAMS?

PROGRAM NAME	DATE

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

HOW DID YOU LEARN ABOUT THIS PROGRAM?

Direct mail package Executive Education website Online advertisement Social media
 email notification Internet search Print advertisement Other (*specify*): _____

WHAT FACTOR HAD THE MOST INFLUENCE ON YOUR DECISION TO APPLY TO THIS PROGRAM?

A previous participant in an Executive Education program
 Participant Name _____
 Program/Year _____
 Executive Education Corporate Relations

An MBA graduate of HBS
 Division Head or Manager
 HEC faculty

Human resource department
 Other (*specify*): _____

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.

I have read the cancellation policy and agree to the terms stated. *(please initial here)* _____

SPONSORING INFORMATION

Executive Education requires that a senior executive within the organization sponsor the applicant. (Please note that the sponsor must be someone other than the applicant.) Your application must be accompanied by a Sponsoring Statement.

SPONSORING COMPANY/ORGANIZATION NAME: _____

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

TITLE OR POSITION: _____

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: _____