

# SENIOR EXECUTIVE LEADERSHIP PROGRAM—MIDDLE EAST

## APPLICATION FOR ADMISSION

PLEASE SPECIFY SESSION DATE: \_\_\_\_\_

Please answer all application questions and type or print legibly. A completed application, a letter of reference, and an organizational chart are required for review by the Admissions Committee.

Because of the need for some nationals other than US nationals to secure entry visas for the United States, applications are requested at least eight weeks before the start date of the first on-campus module.

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.

This is a writeable PDF. You may type directly on this form, or print it and complete it by hand.

**I certify that all the information and accompanying materials 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 only accepted outside the U.S.)*

*Street*

*City*

*State/Country*

*Zip Code/Postal Code*

COMPANY/ORGANIZATION TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

COMPANY/ORGANIZATION WEBSITE: \_\_\_\_\_

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:

BY MAIL:

ADMISSIONS COMMITTEE

Senior Executive Leadership Program—Middle East

Harvard Business School

Soldiers Field

Boston, MA 02163-9986 U.S.

ONLINE:

Applications may be submitted

online at: [www.exed.hbs.edu](http://www.exed.hbs.edu)

EMAIL:

Applications may be submitted

via email to: [exed\\_admissions@hbs.edu](mailto:exed_admissions@hbs.edu)

For questions on the status of your submitted application, please email

[exed\\_admissions@hbs.edu](mailto:exed_admissions@hbs.edu) or call +1.617.495.6226.



HARVARD | BUSINESS | SCHOOL

Executive Education

**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 company's organizational hierarchy. Also provide a copy of your company's organizational chart. If submitting your application online, please email the organizational chart to <a href="mailto:exed_admissions@hbs.edu">exed_admissions@hbs.edu</a> . <i>(Organizational chart required.)</i>	

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 <i>(specify):</i> _____
<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 <i>(specify):</i> _____
<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"/> <\$50,000	<input type="checkbox"/> \$151,000–\$200,000	<input type="checkbox"/> \$301,000–\$500,000
<input type="checkbox"/> \$50,000–\$100,000	<input type="checkbox"/> \$201,000–\$300,000	<input type="checkbox"/> >\$500,000
<input type="checkbox"/> \$101,000–\$150,000		

## 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 <i>or</i> 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 WITHIN THE ORGANIZATION. ALSO INDICATE WHETHER YOU HAVE PROFIT-AND-LOSS (P&L) RESPONSIBILITY IN YOUR CURRENT ROLE.

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 (I.E., PERSPECTIVES, SKILLS, EXPERTISE).

WHAT DO YOU ANTICIPATE YOUR CAREER PROGRESSION WILL BE OVER THE NEXT FIVE YEARS?

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: \_\_\_\_\_

## HAVE YOU ATTENDED OTHER HARVARD BUSINESS SCHOOL PROGRAMS?

PROGRAM NAME \_\_\_\_\_ DATE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the box that indicates 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>
Accounting and Control:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finance and Financial Analysis:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Management:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Resource Management:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Technology:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Production or Operations:	<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 ☐ Online advertisement ☐ Social media  
☐ HBS email notification ☐ Podcast advertisement ☐ Other (*specify*): \_\_\_\_\_  
☐ HBS Executive Education website ☐ Print advertisement  
☐ Internet search ☐ Radio advertisement

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

☐ A previous participant in an HBS Executive Education program ☐ An MBA graduate of HBS ☐ Other (*specify*): \_\_\_\_\_  
Participant Name \_\_\_\_\_ ☐ Division Head or Manager  
Program/Year \_\_\_\_\_ ☐ HBS faculty  
☐ HBS Executive Education Program Advising ☐ Human resource department  
☐ HBS Executive Education Client Development

## IF YOU SAW A PRINT ADVERTISEMENT, PLEASE SPECIFY WHERE:

☐ CFO ☐ MIT Sloan Management Review ☐ Wall Street Journal  
☐ Chief Executive ☐ New York Times ☐ Other (*specify*): \_\_\_\_\_  
☐ Harvard Business Review ☐ strategy+business

## IF YOU SAW A DIGITAL ADVERTISEMENT, PLEASE SPECIFY WHERE:

☐ BBC ☐ Harvard Business Review ☐ Wall Street Journal  
☐ Fast Company ☐ New York Times ☐ Other (*specify*): \_\_\_\_\_  
☐ Financial Times ☐ strategy+business

## 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*):** \_\_\_\_\_

## LETTER OF REFERENCE INFORMATION

Harvard Business School Executive Education requires that a letter of reference be completed by a senior executive or board member within the organization, or a Harvard Business School alumni member familiar with the candidate's character, role, and responsibilities, who can provide a detailed firsthand account. Please note that the referring executive must be someone other than the applicant.

Please provide the referring executive with the Letter of Reference form included at the end of this application. The Admissions Committee will begin its review only upon receipt of both the application and the letter of reference.

REFERRING ORGANIZATION NAME: \_\_\_\_\_

NAME OF REFERENCE: \_\_\_\_\_

*Last (family)*

*First*

*Middle Initial*

*Prefix (Mr., Ms.)*

*Suffix (Jr., II)*

TITLE OR POSITION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## INVOICING 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 only accepted outside the U.S.)*

*Street*

*City*

*State/Country*

*Zip Code/Postal Code*

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Tax Registration Number [Mandatory for residents who fall under UAE VAT]: \_\_\_\_\_

*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.*

# SENIOR EXECUTIVE LEADERSHIP PROGRAM—MIDDLE EAST

## LETTER OF REFERENCE

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*First*

*Middle Initial*

*Prefix (Mr., Ms.)*

*Suffix (Jr., II)*

COMPANY/ORGANIZATION NAME:

SESSION DATE:

This letter of reference should be completed by a senior executive or board member within the organization, or a Harvard Business School alumni member familiar with the candidate's character, role, and responsibilities, who can provide a detailed firsthand account.

The Admissions Committee will begin its review upon receipt of the application, the letter of reference, and the company's organizational chart.

NAME OF REFERENCE:

*Last (family)*

*First*

*Middle Initial*

*Prefix (Mr., Ms.)*

*Suffix (Jr., II)*

TITLE OR POSITION:

REFERRING ORGANIZATION NAME:

REFERRING ORGANIZATION ADDRESS:

*(P.O. boxes only accepted outside the U.S.)*

*Street*

*City*

*State/Country*

*Zip Code/Postal Code*

REFERRING ORGANIZATION TELEPHONE:

EMAIL:

REFERRING ORGANIZATION WEBSITE:



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Executive Education

**CONFIDENTIAL:** Please provide a detailed appraisal of the applicant's past performance and potential for future success. The information you provide below is for use by the Admissions Committee only.

**HOW LONG HAVE YOU KNOWN THE APPLICANT AND IN WHAT CAPACITY?**

**WHAT IMPACT DO YOU HOPE THIS PROGRAM WILL HAVE UPON THE APPLICANT AND/OR THEIR ORGANIZATION?**

PLEASE ASSESS THE APPLICANT'S STRENGTHS AND DEVELOPMENT NEEDS.

HOW WILL THE APPLICANT'S RESPONSIBILITIES CHANGE OVER THE COMING YEAR?

PLEASE DESCRIBE YOUR OBJECTIVES IN RECOMMENDING THIS PERSON.



## LANGUAGE PROFICIENCY

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

Please confirm that the applicant is fluent in English (by checking the box): ☐ (The Admissions Committee also may request an interview.)

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### BY MAIL:

#### ADMISSIONS COMMITTEE

Senior Executive Leadership Program—Middle East  
Harvard Business School  
Soldiers Field  
Boston, MA 02163-9986 U.S.

### ONLINE:

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For questions on the status of your submitted application, please email  
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### EMAIL:

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via email to: [exed\\_admissions@hbs.edu](mailto:exed_admissions@hbs.edu)