

Preliminary Application

Personal Information

Name:
First Middle Last Nickname

Date of Birth:

Home Address:

City: State: Zip:

Home Phone: Home Fax:

Citizenship: Spouse Name:

Business Information

Company Name:

Street: Suite/Floor:

City: State: Zip Code: Country:

Work Phone: Work Fax:

Email 1: Email 2:

If subsidiary, division, or affiliate
please indicate parent company name:

Sales: Net Assets:

Number of Employees: Major Product or Service:

Mailing Information

Mailing Address Preference: Home Business

Billings: Home Business

Other Information

Ethnic Background:

Asian, Asian American American Indian, Native American

Black, African American White, Caucasian

Hispanic, Hispanic American Other, please specify: _____

Gender

Male Female

Current annual compensation (including commissions, bonuses, etc.)

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Professional Experience

Please check your relative degree of knowledge in each of the following functional areas:

	Very Little	Some	Substantial
Finance/Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manpower/Industrial Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managerial Economics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operations Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Management-Policy Formulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitative Methods			
Statistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Algebra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current Position

Please mark the appropriate areas that describe your position.

- | | | |
|---|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Education | <input type="checkbox"/> Portfolio Management |
| <input type="checkbox"/> Banking | <input type="checkbox"/> General Management | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Health Care | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Legal | <input type="checkbox"/> Research and Development |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Marketing | <input type="checkbox"/> Strategic Management |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Operations Management | <input type="checkbox"/> Other |

Division

Job Title

Starting Date with company

Total Number of Years of Work Experience

Describe the organizational unit for which you are responsible, and relate it to the total organization, in terms of size, scope, and autonomy of responsibility. What personnel, budget and capital investment are you responsible for? To what position(s) do you report? (Use a separate sheet of paper if necessary.)

Describe your management career chronologically.

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◆—————◆

What do you expect to accomplish through this executive program? What learning experiences do you expect, and how would you apply them?

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Education

Undergraduate degree earned:

- Bachelor of Arts
 Bachelor of Science
 Other (please specify): _____

Undergraduate Area of Study:

- Business
 Engineering
 Natural Science
 Computer Science
 Fine Arts
 Social Science
 Education
 Liberal Studies
 Other (please specify): _____

Date undergraduate degree granted:

Graduate degree earned:

- None
 Master's Degree
 Doctoral Degree
 Other (please specify): _____

Colleges and Universities Attended:

Institution	Months & Years Attended	Total Months Attended	Grade Point Average	Type of Degree Received
1				
2				
3				
4				
5				

Community Involvement

Please list some activities that you have been involved with in your post-collegiate years.

Activity	Month/Year to Month/Year	Offices held (if applies)	Time required per week
1			
2			
3			
4			
5			

Letter of Sponsorship

Please include a letter of sponsorship from your employer. The letter should state that the employer is aware that the EMBA program requires students to be in class on alternating Fridays and Saturdays and will grant you the necessary time off. If applicable the letter should also state that the employing organization will provide financial assistance.

I understand that during the regular class participation in the program I will be released from other duties and will not be absent other than for emergency situations.

Signature of Applicant

Date

Polo Shirt Size: Choose one - Size XS, S, M, L, XL, XXL, XXXL