

# GLOBAL CEO PROGRAM FOR CHINA

## APPLICATION FOR ADMISSION

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

Please answer all questions. This application must be fully completed and signed before review by the Admissions Committee.

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.*

**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

NAME IN CHINESE *(if applicable)*:

Name (Pinyin):

COUNTRY OF CITIZENSHIP:

DATE OF BIRTH:

*Month/Day/Year*

TITLE OR POSITION:

DIVISION *(if applicable)*:

COMPANY/ORGANIZATION NAME:

YOUR COMPANY'S CHINESE NAME *(if applicable)*:

*(Preferably, written in Chinese characters)*

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

## PLEASE RETURN THIS APPLICATION:

### CHINA EUROPE INTERNATIONAL BUSINESS SCHOOL

Mr. Alex Hu

Executive Education

Telephone: +86-21-2890 5185

Mobile: +86-186 1681 0682

Email: [halex@ceibs.edu](mailto:halex@ceibs.edu)

Website: [www.ceibs.edu/execed](http://www.ceibs.edu/execed)

Ms. Karen Song

Executive Education

Telephone: +86-21-2890 5202

Mobile: +86-150 0217 3571

Email: [skaren2@ceibs.edu](mailto:skaren2@ceibs.edu)

Website: [www.ceibs.edu/execed](http://www.ceibs.edu/execed)



**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 (in U.S. Dollars):	\$ <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"/>	\$ <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:		
The company's total assets:		Public Company <input type="checkbox"/> Yes <input type="checkbox"/> No
Nature of Company:	<input type="checkbox"/> State-owned Enterprise <input type="checkbox"/> Sino-foreign Joint Venture	<input type="checkbox"/> Privately-run/Non-state Enterprise <input type="checkbox"/> Wholly-owned Foreign Enterprise <input type="checkbox"/> Government
How many employees are under your direct supervision?	_____	
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"/> Engineering     | <input type="checkbox"/> Media              |
| <input type="checkbox"/> Apparel        | <input type="checkbox"/> Entertainment   | <input type="checkbox"/> Not-For-Profit     |
| <input type="checkbox"/> Banking        | <input type="checkbox"/> Environmental   | <input type="checkbox"/> Recreation         |
| <input type="checkbox"/> Biotechnology  | <input type="checkbox"/> Finance         | <input type="checkbox"/> Retail             |
| <input type="checkbox"/> Chemicals      | <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Shipping           |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Government      | <input type="checkbox"/> Technology         |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Health Care     | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Consulting     | <input type="checkbox"/> Hospitality     | <input type="checkbox"/> Transportation     |
| <input type="checkbox"/> Education      | <input type="checkbox"/> Insurance       | <input type="checkbox"/> Utilities          |
| <input type="checkbox"/> Electronics    | <input type="checkbox"/> Machinery       | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Energy         | <input type="checkbox"/> Manufacturing   | <i>specify:</i> _____                       |

**WHAT FUNCTION BEST DESCRIBES YOUR POSITION? (check one only):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accounting/Control   | <input type="checkbox"/> Manufacturing/Operations | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Engineering          | <input type="checkbox"/> Marketing                | <input type="checkbox"/> Sales                  |
| <input type="checkbox"/> Finance              | <input type="checkbox"/> Medicine                 | <input type="checkbox"/> Teaching               |
| <input type="checkbox"/> Fundraising          | <input type="checkbox"/> Planning                 | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> General Management   | <input type="checkbox"/> Product Development      | <i>specify:</i> _____                           |
| <input type="checkbox"/> Human Resources      | <input type="checkbox"/> Project Management       |   |
| <input type="checkbox"/> Information Services | <input type="checkbox"/> Public Relations         |   |
| <input type="checkbox"/> Law                  | <input type="checkbox"/> Purchasing               |   |
| <input type="checkbox"/> Logistics            | <input type="checkbox"/> Religion                 |   |

**ANNUAL COMPENSATION (INCLUDING BONUS) IN U.S. DOLLARS:** \_\_\_\_\_

## EDUCATION

NAME AND ADDRESS OF SCHOOL	MAJOR	DEGREE	YEARS ATTENDED
_____			
_____			
_____			

## WORK EXPERIENCE

Please list your positions in reverse chronological order, starting with your current one. If all positions are in the same company, please give the major promotional sequence.

NAME OF COMPANY	TITLE OR POSITION	FROM <i>Month/Year</i>	TO <i>Month/Year</i>
_____			
_____			
_____			

PLEASE ESTIMATE YOUR TOTAL YEARS OF PROFESSIONAL EXPERIENCE: \_\_\_\_\_

## OTHER TRAINING

SCHOOL OR TRAINING COMPANY	PROGRAM	DATE(S) AND YEAR(S) ATTENDED
_____		
_____		
_____		

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?

**HOW DID YOU LEARN ABOUT THIS PROGRAM?**

- Direct mail package
- HBS website
- Print advertisement
- Other (*specify*): \_\_\_\_\_
- Email notification
- Internet search
- Social media
- CEIBS website
- Online advertisement
- Event

**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.*

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

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

**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: \_\_\_\_\_

*Harvard Business School is governed by a set of community values that foster honesty, respect for others, and accountability for one's actions. Harvard Business School considers these values essential for a safe and productive learning environment for all.*

*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.*

*Harvard may disclose, without consent, "directory" information about students. However, under the Family Educational Rights and Privacy Act (FERPA) participants may request that the school not disclose directory information about them.*

*Your FERPA rights are available at: <http://www.exed.bbs.edu/Documents/ferpa.pdf>. Please contact Enrollment and Admissions Services at [exed\\_admissions@bbs.edu](mailto:exed_admissions@bbs.edu), if you have concerns or wish to discuss your rights under FERPA.*