

GLOBAL COLLOQUIUM ON PARTICIPANT-CENTERED LEARNING

APPLICATION FOR ADMISSION

PLEASE SPECIFY SESSION DATE: _____

- Please answer all application questions. 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.
- 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: _____

UNIVERSITY/INSTITUTION NAME: _____ DEPARTMENT: _____

UNIVERSITY/INSTITUTION ADDRESS: _____
(P.O. boxes only accepted outside U.S.) Street City State/Country Zip Code/Postal Code

UNIVERSITY/INSTITUTION TELEPHONE: _____ FAX: _____

UNIVERSITY/INSTITUTION WEBSITE: _____ EMAIL: _____

YOUR HOME ADDRESS: _____
Street City State/Country Zip Code/Postal Code

HOME TELEPHONE: _____ MOBILE TELEPHONE: _____

PREFERRED MAILING ADDRESS: UNIVERSITY/INSTITUTION ADDRESS HOME ADDRESS

HAVE YOU APPLIED TO GCPCL BEFORE? NO YES IF SO, WHEN? _____

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 request an in-person interview.*)



CONFIDENTIAL: The information you provide below is for use by the Admissions Committee only.

PROFESSIONAL DATA

ACADEMIC WORK EXPERIENCE

Please list your positions in reverse chronological order, starting with your current, or most recent one. If all are in the same institution or school, please list the major positions in promotional sequence.

NAME OF SCHOOL	TITLE OR POSITION	FROM (MM/YYYY)	TO (MM/YYYY or CURRENT <i>if employed</i>)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL YEARS OF CASE TEACHING EXPERIENCE: _____
TOTAL NUMBER OF STUDENTS (MBA, EMBA & EXED) YOU TEACH PER YEAR: _____

BUSINESS 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>)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WHAT IS YOUR PRIMARY AREA OF SPECIALIZATION? *(Please mark selection with an "X". If more than one, please use numbers to rank in order of importance.)*

- ___ Accounting and Management Control
- ___ Competition and Strategy (including Economics)
- ___ Corporate Finance
- ___ Entrepreneurial Management Finance
- ___ General Management
- ___ Information Management
- ___ Marketing Management
- ___ Operation Management
- ___ Organizational Leadership
- ___ Other *(Please describe):*

Have you written cases?

NO YES

If yes, please list the name of the case, for which program the case was used, and the year when the case was published.

NAME OF CASE	PROGRAM	PUBLISHED <i>Month/Year</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE DESCRIBE A RESEARCH PROJECT IN WHICH YOU CURRENTLY ARE INVOLVED.

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	DEGREE	YEAR
<hr/>		
<hr/>		
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GRADUATE SCHOOL	DEGREE	YEAR
<hr/>		
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POSTGRADUATE PROGRAMS AND SEMINARS	DEGREE	YEAR
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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. Cancellations or deferrals after the start of the program are subject to full payment. All subsequent cancellations or deferrals are subject to a cancellation fee.

Upon acceptance, payment is required from the sponsoring company or an approved third party 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 the Dean of the school.

REFERRING ORGANIZATION NAME: _____

NAME OF REFERENCE: _____
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: _____

UNIVERSITY/INSTITUTION NAME: _____

UNIVERSITY/INSTITUTION ADDRESS: _____
(P.O. boxes only 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.

PLEASE RETURN THIS APPLICATION:

ONLINE:
Applications may be submitted online at: www.exed.hbs.edu

EMAIL:
Applications may be submitted via email to: exed_admissions@hbs.edu

BY MAIL:
ADMISSIONS COMMITTEE
Global Colloquium on
Participant-Centered Learning
Harvard Business School
Soldiers Field
Boston, MA 02163-9986 U.S.

BY FAX:
ADMISSIONS COMMITTEE
Global Colloquium on
Participant-Centered Learning
Fax: +1.617.496.1731

For questions on the status of your submitted application, please email exed_admissions@hbs.edu or call +1.617.495.6226.

GLOBAL COLLOQUIUM ON PARTICIPANT-CENTERED LEARNING

LETTER OF REFERENCE

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SIGNATURE OF REFERENCE: _____

DATE: _____

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The *Global Colloquium on Participant-Centered Learning* (GLOCOLL) is designed exclusively for full time faculty who will provide leadership and excellence in their schools. The comments below will assist the Admissions Committee in evaluating the applicant's personal and professional background and suitability for the program. The Dean of the school will prepare this *Letter of Reference*. The form will be read by the Admissions Committee and will remain confidential.

Your candidate's application will not be reviewed until the individual's application and the Letter of Reference have been received.

THE DEAN OF _____

Name of Organization

NAME OF APPLICANT: _____

Last (family)

First

Middle Initial

Prefix (Mr., Ms.)

Suffix (Jr., II)

NAME OF REFERENCE: _____

Last (family)

First

Middle Initial

Prefix (Mr., Ms.)

Suffix (Jr., II)

TITLE OR POSITION: DEAN OTHER *please specify:* _____

UNIVERSITY/INSTITUTION NAME: _____

DEPARTMENT: _____

UNIVERSITY/INSTITUTION ADDRESS: _____

(P.O. boxes accepted outside U.S.)

Street

City

State/Country

Zip Code/Postal Code

TELEPHONE: _____

FAX: _____

EMAIL: _____

UNIVERSITY/INSTITUTION WEBSITE: _____



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PLEASE DESCRIBE THE PARTICULAR ISSUES OR DEVELOPMENTAL NEEDS THAT YOU WOULD LIKE THE APPLICANT TO ADDRESS IN THE COURSE.

PLEASE DESCRIBE THE ROLE THAT YOU EXPECT THE APPLICANT TO HAVE AT YOUR INSTITUTION OVER THE NEXT FIVE YEARS.

LANGUAGE PROFICIENCY

Proficiency in spoken and written English is required for successful participation in this program.

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

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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.

PLEASE COMPLETE THE LETTER OF REFERENCE AND SEND IT DIRECTLY TO THE ADMISSIONS COMMITTEE:

ONLINE:

Applications may be submitted online at: www.exed.hbs.edu

EMAIL:

Applications may be submitted via email to: exed_admissions@hbs.edu

BY MAIL:

ADMISSIONS COMMITTEE
Global Colloquium on
Participant-Centered Learning
Harvard Business School
Soldiers Field
Boston, MA 02163-9986 U.S.

BY FAX:

ADMISSIONS COMMITTEE
Global Colloquium on
Participant-Centered Learning
Fax: +1.617.496.1731

For questions on the status of your submitted letter of reference, please email exed_admissions@hbs.edu or call +1.617.495.6226.