

GLOBAL COLLOQUIUM ON PARTICIPANT-CENTERED LEARNING

APPLICATION FOR ADMISSION

PLEASE SPECIFY SESSION DATE: _____

Please complete this Application Form and send it to the address or fax number below by March 31, 2016. Notification of admission will be made on a rolling basis. Admission decisions will be based on the applicant's overall teaching experience and position, as well as on the need for diversity and balance among the program participants.

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.

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

SIGNATURE OF APPLICANT: _____

DATE: _____

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: _____

BUSINESS ADDRESS: _____

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

Street

City

State/Country

Zip Code/Postal Code

BUSINESS TELEPHONE: _____

FAX: _____

UNIVERSITY/INSTITUTION WEBSITE: _____

EMAIL: _____

YOUR HOME ADDRESS: _____

Street

City

State/Country

Zip Code/Postal Code

HOME TELEPHONE: _____

MOBILE TELEPHONE: _____

PREFERRED MAILING ADDRESS: _____

☐ BUSINESS ADDRESS

☐ HOME ADDRESS

HAVE YOU APPLIED TO GCPCCL BEFORE? _____

☐ NO

☐ YES

IF SO, WHEN? _____

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.



HARVARD | BUSINESS | SCHOOL
Executive Education

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

PROFESSIONAL DATA

ACADEMIC WORK EXPERIENCE

Beginning with your present position, please list your past positions in reverse chronological order. If all are in the same institution or school, please list the major positions in promotional sequence.

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

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

BUSINESS WORK EXPERIENCE

Please list both full-time employment and major consulting projects in reverse chronological order, beginning with the most recent one.

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

GRADUATE SCHOOL	DEGREE	YEAR

POSTGRADUATE PROGRAMS AND SEMINARS	DEGREE	YEAR

LANGUAGE PROFICIENCY

The applicant's mastery of the English language must be sufficient to carry the heavy reading load and to contribute extensively to both the classroom and peer-group discussions.

SPONSORING INFORMATION

Program participants must be nominated, sponsored, and financially supported by their current employers. Your application must be accompanied by a Sponsoring Statement from the Dean of the school.

SPONSORING INSTITUTION NAME:

NAME OF SPONSOR:

<i>(dean that recommended you)</i>	<i>Last (family)</i>	<i>First</i>	<i>Middle Initial</i>	<i>Prefix (Mr., Ms.)</i>	<i>Suffix (jr., II)</i>

SPONSOR'S TITLE OR POSITION:

SPONSOR'S EMAIL:

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) _____

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:

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EMAIL:

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