



ZICKLIN SCHOOL OF BUSINESS



EXECUTIVE PROGRAMS
Zicklin School of Business
Baruch College
One Bernard Baruch Way, Box B13-282
New York, NY 10010-5585

APPLICATION

Executive Doctorate in Business

EXECUTIVE CANDIDATE INFORMATION

Mr. Ms. Dr. Print Name First Middle Last (Family)

Provide other names under which your supporting documents might be issued:

Blank line for other names

Birthdate MM-DD-YY

Home Tel Daytime Tel Cell

Primary Email Other Email

Local Address No. Street Apt #

City State Zip Code Country

Permanent No. Street Apt #

City State Zip Code Country

BUSINESS INFORMATION (Current)

Title Division

Number of years in this role Supervisor's Title

Company Name Industry

Business Address

Describe organization's primary function, your division's role in it and your responsibilities:

Blank lines for description

BUSINESS INFORMATION (Past)

Title _____ Division _____

Number of years in this role _____ Supervisor's Title _____

Company Name _____ Industry _____

Business Address _____

Describe organization's primary function, your division's role in it and your responsibilities:

CITIZENSHIP/VISA INFORMATION

US citizen Other (specify) _____

If not US citizen, indicate immigration status Permanent Resident Immigration Visa

Other _____ Country of Origin _____

International students, please circle the type of visa you expect to hold (if known)

A B-1 B-2 F-1 F-2 J-1 G H Other _____

ACADEMIC INFORMATION

List undergraduate and graduate institutions chronologically

Institution/Location	Dates Attended	Major/Specialization	Degree(s) Received (or Expected) and Dates

Other Credentials

Note any other credentials that may be relevant to the evaluation of your qualifications for the program to which you are applying. This may include academic honors or qualifications other than degrees; professional certificates, licenses, or other credentials or certificates; or civic, professional, and/or voluntary activities of note. (Attach additional page, if necessary.)

REFFERAL SOURCE(S)

How did you learn about this program? Please note names of current Executive Program students, alumni, faculty or administrators with whom you are acquainted.

- Zicklin Executive Program Alumnus _____
- Current Executive Program Student _____
- Baruch Faculty/Administrators _____
- Website Publication Event Please Specify Publication or Event _____

Did you attend an Information Session? Yes No

PROGRAM CHARGES

As of this date, program charges for my participation in this Executive Program is expected to be paid

- in full, directly by employer in full by employer via reimbursement partially by employer
- in full, directly by me

SIGNATURE

NAME

DATE