



Executive MBA Program

NEW YORK UNIVERSITY STERN SCHOOL OF BUSINESS
EXECUTIVE MBA PROGRAM
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EXECUTIVE MBA PROGRAM:
WASHINGTON, D.C.

ORGANIZATION SPONSORSHIP FORM
Class Entering August 2019

To be completed by an authorized representative of the applicant's sponsoring organization.

NAME OF APPLICANT

Form with fields for DR./MR./MRS./MS., LAST NAME, FIRST NAME, and M.I.

SPONSORSHIP INFORMATION

Sponsoring organization _____

If the applicant is admitted to the Executive MBA Program in Washington, D.C., the sponsoring organization understands and agrees to the following by signing below:

TIME SPONSORSHIP

- 1. The student will be fully released from all job responsibilities on class days, including residency periods. (Required.)
2. During the two-year program, the student's travel time will be kept to a reasonable minimum. (Required.)

FINANCIAL SPONSORSHIP (Check one of the boxes below to indicate the level of financial sponsorship.)

- 1. FULL FINANCIAL SPONSORSHIP: The sponsoring organization will assume full responsibility for all program costs, as described in Item #4 below.
2. PARTIAL FINANCIAL SPONSORSHIP: The sponsoring organization will assume partial responsibility for program costs, as described in Item #4 below.
3. NO FINANCIAL SPONSORSHIP: The sponsoring organization will assume no responsibility for program costs.
4. It is understood that the tuition and fees for students entering the program in August 2019 is set in the Spring of 2019, and may increase from the current program fee of \$165,000, including books. In the past, tuition has typically increased by approximately 3-7% from the previous year. The total amount will be payable as follows: \$5,000 non-refundable enrollment deposit due immediately upon acceptance; the remaining balance is divided into six payments paid on June 15, 2019, November 15, 2019, March 15, 2020, June 15, 2020, November 15, 2020, and March 15, 2021.

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF SPONSORING ORGANIZATION DATE

Please type or clearly print name and information below:

Form with fields for DR./MR./MRS./MS., LAST NAME, FIRST NAME, and M.I.

TITLE COMPANY/ORGANIZATION

COMPANY ADDRESS — NUMBER and STREET, FLOOR or SUITE NUMBER

CITY / STATE ZIP CODE COUNTRY

BUSINESS TELEPHONE BUSINESS EMAIL