

Executive MBA Program

NEW YORK UNIVERSITY STERN SCHOOL OF BUSINESS EXECUTIVE MBA PROGRAM
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NEW YORK, NY 10012–1126

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EXECUTIVE MBA PROGRAM: NEW YORK

ORGANIZATION SPONSORSHIP FORM Class Entering August 2019

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

NAME OF APPLICAN	Т			
DR./MR./MRS./MS.	LAST NAME	FIRST NAME		
SPONSORSHIP INFO	RMATION			
Sponsoring organization				
If the applicant is admitted to below:	the Executive MBA progran	n, the sponsoring organization under	rstands and agrees to the following by signing	
TIME SPONSORSHIP				
1. The student will	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 reasona	able minimum. (Required.)	
FINANCIAL SPONSORSHIP (Check one of the boxes belo	ow to indicate the level of financial s	ponsorship.)	
☐ 1. FULL FINANCIAL described in Iter		ing organization will assume full res	ponsibility for all program costs, as	
	PARTIAL FINANCIAL SPONSORSHIP: The sponsoring organization will assume partial responsibility for program costs, as described in Item #4 below.			
☐ 3. NO FINANCIAL S	NO FINANCIAL SPONSORSHIP: The sponsoring organization will assume no responsibility for program costs.			
and may increas by approximate enrollment depo	se from the current program ly 3–7% from the previous ye osit due immediately upon a	5 . 5	divided into four equal semiannual	
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	SENTATIVE OF SPONSORING ORGANIZ name and information below:	ATION	DATE	
DR./MR./MRS./MS.	LAST NAME	FIRST NAME	M.I.	
TITLE		COMPANY/ORGANIZATION		
COMPANY ADDRESS — NUMBER an	d STREET, FLOOR or SUITE NUMBER			
CITY / STATE		ZIP CODE	COUNTRY	
L BUSINESS TELEPHONE		 BUSINESS EMAIL		