



Executive MBA Program

NEW YORK UNIVERSITY STERN SCHOOL OF BUSINESS
EXECUTIVE MBA PROGRAM
44 WEST FOURTH STREET, SUITE 4-100
NEW YORK, NY 10012-1126
PHONE: (212) 998-0788 / FAX: (212) 995-4222
E-MAIL: EXECUTIVE@STERN.NYU.EDU

EXECUTIVE MBA PROGRAM

ORGANIZATION SPONSORSHIP FORM
Class Entering January 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, M.I.

SPONSORSHIP INFORMATION

Sponsoring organization _____

If the applicant is admitted to the Executive MBA program, 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 January 2019 is set in the Spring of 2018, and may increase from the current program fee of \$189,200, 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 four equal semiannual payments paid on December 15, 2018, July 15, 2019, December 15, 2019, and July 15, 2020.

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, M.I.

TITLE COMPANY/ORGANIZATION

COMPANY ADDRESS — NUMBER and STREET, FLOOR or SUITE NUMBER

CITY / STATE ZIP CODE COUNTRY

BUSINESS TELEPHONE BUSINESS EMAIL

BILLING INFORMATION (Required.)

Indicate person to whom billing correspondence should be directed (either a representative from the sponsoring organization or the applicant). If no information is provided, applicant will be billed at home address.

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

TITLE COMPANY

BILLING ADDRESS — NUMBER and STREET, FLOOR or SUITE NUMBER

CITY / STATE ZIP CODE COUNTRY

BUSINESS TELEPHONE BUSINESS EMAIL