

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: NEW YORK

## ORGANIZATION SPONSORSHIP FORM Class Entering January 2019

мι

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

## NAME OF APPLICANT

FIRST NAME

## SPONSORSHIP INFORMATION

Sponsoring organization

DR./MR./MRS./MS.

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.)

LAST NAME

- □ 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 \$194,876, including books. 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 REP	DATE				
Please type or clearly prin	t name and information below:				
DR./MR./MRS./MS.	LAST NAME	FIRST NAME	M.I.		
DR./ MR./ MR3./ M3.			141.1.		
TITLE		COMPANY/ORGANIZATION	COMPANY/ORGANIZATION		
1					
COMPANY ADDRESS — NUMBER	and STREET, FLOOR or SUITE NUMBER				
CITY / STATE		ZIP CODE	COUNTRY		
CITT / STATE			COUNTRY		
BUSINESS TELEPHONE		BUSINESS EMAIL			