

## **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

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## EXECUTIVE MBA PROGRAM: NEW YORK

## ORGANIZATION SPONSORSHIP FORM Class Entering January 2020

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

NAME OF APPLICAN	ΝΤ		
DR./MR./MRS./MS.	LAST NAME	I FIRST NAME	M.I.
SPONSORSHIP INFO	RMATION		
Sponsoring organization			
If the applicant is admitted t below:	o the Executive MBA program	n, the sponsoring organization unde	rstands and agrees to the following by signing
TIME SPONSORSHIP			
1. The student wil	l be fully released from all jo	b responsibilities on class days, incl	uding residency periods. (Required.)
2. During the two-	-year program, the student's	travel time will be kept to a reasona	ıble minimum. (Required.)
FINANCIAL SPONSORSHIP	(Check one of the boxes belo	ow to indicate the level of financial s	ponsorship.)
☐ 1. FULL FINANCIAI described in Ite	•	ing organization will assume full res	ponsibility for all program costs, as
2. PARTIAL FINAN described in Ite	·	soring organization will assume par	tial responsibility for program costs, as
☐ 3. NO FINANCIAL	SPONSORSHIP: The sponsorir	ig organization will assume no respo	onsibility for program costs.
and may increa by approximate enrollment dep	se from the current program Bly 3–7% from the previous ye osit due immediately upon ac	fee of \$194,876, including books. In	•
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF SPONSORING ORGANIZATION			DATE
Please type or clearly print	name and information below:		
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DR./MR./MRS./MS.	LAST NAME	FIRST NAME	M.I.
TITLE		COMPANY/ORGANIZATION	
COMPANY ADDRESS — NUMBER ar	nd STREET, FLOOR or SUITE NUMBER		
1		ı	1
CITY / STATE		ZIP CODE	COUNTRY
BUSINESS TELEPHONE		BUSINESS EMAIL	