

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 E-MAIL: EXECUTIVE@STERN.NYU.EDU

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 APPLICA	NT			
DR./MR./MRS./MS.	LAST NAME	FIRST NAME	M.I.	
SPONSORSHIP INF	ORMATION			
Sponsoring organization				
If the applicant is admitted below:	to the Executive MBA program	, the sponsoring organization unde	rstands and agrees to the following by signing	
TIME SPONSORSHIP				
1. The student v	vill be fully released from all job	responsibilities on class days, incl	uding residency periods. (Required.)	
2. During the tw	During the two-year program, the student's travel time will be kept to a reasonable minimum. (Required.)			
FINANCIAL SPONSORSHI	P (Check one of the boxes belo	w to indicate the level of financial s	ponsorship.)	
	AL SPONSORSHIP: The sponsori tem #4 below.	ng organization will assume full res	ponsibility for all program costs, as	
	NCIAL SPONSORSHIP: The spon tem #4 below.	soring organization will assume par	tial responsibility for program costs, as	
☐ 3. NO FINANCIA	L SPONSORSHIP: The sponsoring	g organization will assume no respo	onsibility for program costs.	
by approxima enrollment de	itely 3–7% from the previous year eposit due immediately upon ac			
	PRESENTATIVE OF SPONSORING ORGANIZA of name and information below:	ATION	DATE	
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		l BUSINESS EMAIL		