

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 2020

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

NAME OF APPLICANT

	1	I	1
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 below.
- PARTIAL FINANCIAL SPONSORSHIP: The sponsoring organization will assume partial responsibility for program costs, as described below.
- 3. NO FINANCIAL SPONSORSHIP: The sponsoring organization will assume no responsibility for program costs.

It is understood that the tuition and fees for students entering the program in August 2020 is set in the Spring of 2020, and may increase from the current program fee. 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.

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF SPONSORING ORGANIZATION			DATE			
Please type or clearly prir	nt name and information below:					
rease type of clearly prin						
DR./MR./MRS./MS.	LAST NAME	FIRST NAME	M.I.			
TITLE		COMPANY/ORGANIZATION	COMPANY/ORGANIZATION			
	and STREET, ELOOR or SUITE NUMBER					
COMPANY ADDRESS — NUMBER and STREET, FLOOR or SUITE NUMBER						
1		I	I			
CITY / STATE		ZIP CODE	COUNTRY			
I		1				
BUSINESS TELEPHONE		BUSINESS EMAIL				