ORGANIZATION SPONSORSHIP FORM: WASHINGTON, DC

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

NAME OF APPLICANT

| DR./MR./MRS./MS. | FIRST NAME | LAST NAME |

SPONSORSHIP INFORMATION

Sponsoring organization ____________________________

If the applicant is admitted to the Executive MBA program in Washington, DC, the sponsoring organization understands and agrees to the following by signing below:

TIME SPONSORSHIP (Required)

1. The student will be fully released from all job responsibilities on class days, including residency periods.
2. During the two-year program, the student’s travel time will be kept to a reasonable minimum.

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.
☐ 2. PARTIAL FINANCIAL SPONSORSHIP: The sponsoring organization will assume partial responsibility for program costs.
☐ 3. NO FINANCIAL SPONSORSHIP: The sponsoring organization will assume no responsibility for program costs.

Please refer to the website for information related to tuition and fees for students entering the Washington, DC program. The total amount will be payable as follows: $5,000 non-refundable enrollment deposit due immediately upon acceptance and the remaining balance is divided into six payments.

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF SPONSORING ORGANIZATION ____________________________

DATE ____________________________

Please clearly print name and information below:

| DR./MR./MRS./MS. | FIRST NAME | LAST NAME |

| TITLE | ORGANIZATION |

| COMPANY ADDRESS — NUMBER and STREET, FLOOR or SUITE NUMBER |

| CITY / STATE | ZIP CODE | COUNTRY |

| BUSINESS TELEPHONE | BUSINESS EMAIL |

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