

## **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 APPLICAI	NT			
DR./MR./MRS./MS.	LAST NAME	FIRST NAME	M.I.	
SPONSORSHIP INFO	RMATION			
Sponsoring organization				
If the applicant is admitted below:	to the Executive MBA program	, the sponsoring organization under	stands and agrees to the following by signing	
TIME SPONSORSHIP				
1. The student wi	The student will be fully released from all job responsibilities on class days, including residency periods. (Required.)			
2. During the two	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 belo	w to indicate the level of financial sp	oonsorship.)	
☐ 1. FULL FINANCIA described in Ite		ng organization will assume full res	ponsibility for all program costs, as	
	PARTIAL FINANCIAL SPONSORSHIP: The sponsoring organization will assume partial responsibility for program costs, as described in Item #4 below.			
☐ 3. NO FINANCIAL	NO FINANCIAL SPONSORSHIP: The sponsoring organization will assume no responsibility for program costs.			
by approximat enrollment der	ely 3–7% from the previous ye posit due immediately upon ac	fee of \$194,876, including books. Ir ar. The total amount will be payable cceptance; the remaining balance is o 15, 2020, December 15, 2020, and J	divided into four equal semiannual	
SICNATURE OF AUTHORIZED REP	RESENTATIVE OF SPONSORING ORGANIZA	ATION	DATE	
	name and information below:		J.1.2	
DR./MR./MRS./MS.	LAST NAME	FIRST NAME	M.I.	
TITLE		COMPANY/ORGANIZATION		
COMPANY ADDRESS — NUMBER a	nd STREET, FLOOR or SUITE NUMBER			
CITY / STATE		ZIP CODE	COUNTRY	
L BUSINESS TELEPHONE		BUSINESS EMAIL		