

Executive MBA Program

BUSINESS TELEPHONE

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 January 2021

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

NAME C	F APPLICANT				
DR./MR./MRS./MS.		LAST NAME	 FIRST NAME	M.I.	
SPONSC	RSHIP INFORMA	TION			
Sponsorin	g organization				
	cant is admitted to the E y signing below:	xecutive MBA progra	m in New York, the sponsoring organiz	ation understands and agrees to the	
TIME SPO	ONSORSHIP				
1.	1. The student will be fully released from all job responsibilities on class days, including residency periods. (Required.)				
2.	2. During the two-year program, the student's travel time will be kept to a reasonable minimum. (Required.)				
FINANCI	AL SPONSORSHIP (Check	one of the boxes be	low to indicate the level of financial spo	onsorship.)	
□ 1.	 FULL FINANCIAL SPONSORSHIP: The sponsoring organization will assume full responsibility for all program costs, as described in Item #4 below. 				
□ 2.	PARTIAL FINANCIAL SPONSORSHIP: The sponsoring organization will assume partial responsibility for program costs, as described in Item #4 below.				
□ 3.	3. NO FINANCIAL SPONSORSHIP: The sponsoring organization will assume no responsibility for program costs.				
4.	It is understood that the tuition and fees for students entering the program in January 2021 is set in the Spring of 2020, and may increase from the current program fee of \$200,000, including books. 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, and the remaining balance is divided into four equal semiannual payments.				
SIGNATURE	OF AUTHORIZED REPRESENTAT	IVE OF SPONSORING ORGANI	ZATION	DATE	
Please ty	pe or clearly print name a	and information below:			
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DR./MR./M	RS./MS.	LAST NAME	FIRST NAME	M.I.	
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TITLE			COMPANY/ORGANIZATION		
[
COMPANY	ADDRESS — NUMBER and STREE	T, FLOOR or SUITE NUMBER			
CITY / STA	TE		ZIP CODE	COUNTRY	
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