

EXECUTIVE CERTIFICATE IN STRATEGIC BUSINESS LEADERSHIP APPLICATION

PERSONAL INFORMATION

Name

Last First Middle

Social Security Number

Date of Birth

Sex

- - / / M F

E-mail

Current Address

Street

Apt.

City

State

Zip

Country

Home Telephone

Work Phone

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Permanent Address (if different)

Street

Apt.

City

State

Zip

Country

Home Telephone

Work Phone

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EDUCATION

List, in chronological order, all colleges, graduate, and professional schools you have attended.

Dates

Institution

Location

Degree Earned

WORK EXPERIENCE

Please list your employment background below, beginning with your most recent position, or attach your résumé.

Dates

Name and Business Address of Employer

Your Position or Title

HONORS OR AWARDS FOR ACADEMICS OR SERVICE LEADERSHIP

Title	Given by	Date	Description

ASSOCIATIONS, PUBLIC SERVICE, OR POLITICAL WORK

Please list any professional associations to which you belong. Indicate any offices held.

Organization	Position	State	Dates

LETTERS OF RECOMMENDATION

Include two professional letters of recommendation evaluating your academic and professional qualifications. Please list the names of two people who will provide letters of recommendation. Do not use personal or family friends.

Full name	Position	Address

PERSONAL STATEMENT

As part of our evaluation of your candidacy, please write a brief (300 words) summary of how you will apply the skills developed in this program. Address the following topics:

1. Describe the career aspiration that make the professional certificate appropriate for you.
2. How has your background prepared you for the professional education you now seek?
(Please attach personal statement to your application)

I certify that I have read and understood all instructions accompanying this application and have answered all questions truthfully and to the best of my knowledge. I understand that any misrepresentation or omission may be cause for denying admission or permission to register at any time. I understand that this application and all materials received in support of it become the property of New York University and will not be duplicated or returned to me for any reason. Furthermore, I understand that New York University reserves the right to deny admission or permission to register to require the withdrawal of any student at any time for any reason it considers sufficient, including scholarship, character, and personal conduct. I understand that this application may be superseded and that the University reserves the right to alter requirements or change deadlines.

Signature _____ Date _____