

Accelerated Development Program (October 18- 23 & December 6 – 11, 2009)

Application for Admission

Form A: Personal application form-to be completed by applicant

Form B: Sponsoring executive form-to be completed by a sponsoring executive (Corporate Human Resource/Professional Development contact). **You cannot be your own sponsor.**

BOTH FORMS A and B MUST BE COMPLETED IN FULL BEFORE WE CAN PROCESS YOUR APPLICATION

Please mail, scan and email, or fax completed form to Patricia Hanenberg at:

Rice University, Jones Graduate School-MS-531, 6100 Main St. Houston, TX 77005; path@rice.edu;

Fax: 713-348-5131.

Receipt of application will be confirmed via email within one (1) week of applying. If you do not receive confirmation please contact us at 713-348-6060. All information is strictly confidential.

(Additional information can be found at www.rice.edu.ee)

Please complete all sections of this application in full.

Form A

Personal Information (Print clearly or type)

Salutation:	_____	(Dr/Mr/Ms)
First Name:	_____	(printed on your program certificate)
Last Name:	_____	
Preferred Name:	_____	(printed on your name badge)
Email:	_____	
Street Address:	_____ _____ _____	
City:	_____	
Location:	<input type="checkbox"/> USA/Canada State/Province: _____	
	<input type="checkbox"/> International _____	
Zip/Postal Code:	_____	
Phone:	_____	
Fax:	_____	

Organization Data

Sales in U.S. Dollars: _____

Number of Employees: _____

Person responsible for executive development for your company

Name and Title: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

Fax: _____

Sponsoring Executive details

Please fill in this section so we can contact your sponsor to complete form B of the application process.

Name and Title: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

Fax: _____

Billing Information

Tuition fees are due and payable upon receipt of an invoice, which will be emailed after acceptance decisions are made. **(Do not send payment with your application)**

Please check to use your personal information for billing purposes

If you are accepted into the program, please indicate the person to whom the invoice should be directed.

Name and Title: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

Fax: _____

The following information is necessary to help us ensure the program meets your development needs and objectives. (Please feel free to use additional paper if necessary)

1. Describe your present duties and responsibilities and future roles and responsibilities.
2. What are the key indicators by which your performance is measured?
3. What are your key challenges in meeting the demands of these indicators?
4. Given your business and leadership experience, how do you feel that you'll contribute to the program and to the learning of your fellow participants?
5. What are you expecting to learn from your peers?
6. Please provide an organizational chart clearly indicating your reporting relationships and your position within your own organization. Please fax this separately to: 713-348-5131 or email it as an attachment.