

# University of Pittsburgh EMBA Worldwide Program

## Application for Admission

**This is an electronic pdf form. It may be filled out on a computer and printed for submission. Use the tab button or the mouse to move through the fields.**

This application is for the EMBA program in  North America: Pittsburgh  Europe: Prague  South America: São Paulo with classes starting in the year \_\_\_\_\_.

### GENERAL INFORMATION

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Home Address: \_\_\_\_\_  
NUMBER STREET

\_\_\_\_\_  
CITY STATE POSTAL CODE COUNTRY

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Ethnic Origin (optional): \_\_\_\_\_

What is your citizenship? \_\_\_\_\_ Do you hold any visas? \_\_\_\_\_

### COMPANY INFORMATION

Company/Organization Name: \_\_\_\_\_

Division: \_\_\_\_\_

Business Address: \_\_\_\_\_  
NUMBER STREET P.O. BOX

\_\_\_\_\_  
CITY STATE POSTAL CODE COUNTRY

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Industry: \_\_\_\_\_ Annual Sales: \_\_\_\_\_

Please check the range that best describes the size of your company:

- Fewer than 100       500–999 employees       10,000–99,999 employees  
 100–499 employees       1,000–9,999 employees       More than 100,000 employees

### PROFESSIONAL INFORMATION

Total years of professional experience: \_\_\_\_\_ Length of time in management position: \_\_\_\_\_

Current Title: \_\_\_\_\_ Since: \_\_\_\_\_ Number of persons supervised directly: \_\_\_\_\_

Please indicate your annual compensation (for statistical purposes only):

Base Salary U\$ \_\_\_\_\_ + Other Compensation U\$ \_\_\_\_\_ = Total U\$ \_\_\_\_\_

Please describe your major area(s) of responsibility:

\_\_\_\_\_  
 \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Supervisor's Business Address: \_\_\_\_\_  
NUMBER STREET P.O. BOX

\_\_\_\_\_  
CITY STATE POSTAL CODE COUNTRY

Supervisor's Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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### ACADEMIC BACKGROUND

List in order, beginning with the earliest, all academic work:

College or University: \_\_\_\_\_ Location: \_\_\_\_\_

Dates attended: \_\_\_\_\_ to \_\_\_\_\_ Major: \_\_\_\_\_

GPA: \_\_\_\_\_ Degree and Date: \_\_\_\_\_

College or University: \_\_\_\_\_ Location: \_\_\_\_\_

Dates attended: \_\_\_\_\_ to \_\_\_\_\_ Major: \_\_\_\_\_

GPA: \_\_\_\_\_ Degree and Date: \_\_\_\_\_

College or University: \_\_\_\_\_ Location: \_\_\_\_\_

Dates attended: \_\_\_\_\_ to \_\_\_\_\_ Major: \_\_\_\_\_

GPA: \_\_\_\_\_ Degree and Date: \_\_\_\_\_

### SUPPLEMENTARY MATERIALS

Transcripts:  Enclosed  Will be sent

The following individuals will be asked to submit letters of recommendation:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Position Relative to Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Position Relative to Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

### SOURCES OF SUPPORT

Check the support you expect from your employer:  Total tuition  Part tuition \_\_\_\_\_ (%)  Time off only  Uncertain

**By signing this application, I attest that all information given above is true to the best of my knowledge. Click to add digital signature or print and sign.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_