

GENERAL INFORMATION

Name: _____ Nickname: _____
LAST FIRST MIDDLE

Home Address: _____
NUMBER STREET

CITY STATE POSTAL CODE COUNTRY

Home Phone: _____ E-mail: _____

Cell Phone: _____ Birth date (MM-DD-YYYY): _____

U.S. Social Security Number _____ - _____ - _____

Are you of Hispanic or Latino ethnicity (meaning a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)? yes no

Please select one or more race(s)/ethnicity(ies) from the following groups that you identify with: American Indian or Alaskan Native
 Asian African American Native Hawaiian or Other Pacific Islander White

What is your citizenship? _____ Do you hold any visas? _____

Are you currently serving or have you ever served in the U.S. armed services? Yes No

LinkedIn Profile Address _____ Skype User Name _____

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:

- | | | |
|--|--|--|
| <input type="checkbox"/> Fewer than 100 | <input type="checkbox"/> 500-999 employees | <input type="checkbox"/> 10,000-99,999 employees |
| <input type="checkbox"/> 100-499 employees | <input type="checkbox"/> 1,000-9,999 employees | <input type="checkbox"/> 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 (in US Dollars) \$ _____ + Other Compensation \$ _____ = Total \$ _____

Please describe your major area(s) of responsibility:

Name and Title of Immediate Supervisor: _____

Supervisor's Business Address: _____

NUMBER

STREET

CITY

STATE

POSTAL CODE

COUNTRY

Supervisor's Telephone: _____ Fax: _____

ACADEMIC BACKGROUND

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

College or University: _____ Location: _____

Dates attended: _____ to _____ Major: _____

QPA: _____ Degree and Date: _____

College or University: _____ Location: _____

Dates attended: _____ to _____ Major: _____

QPA: _____ Degree and Date: _____

College or University: _____ Location: _____

Dates attended: _____ to _____ Major: _____

QPA: _____ 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

Do you plan to use your own, parents', or spouse's military or veteran educational benefits to pay for your education at the University?

Yes No

By signing this application, I attest that all information given above is true to the best of my knowledge.

Signature of Applicant: _____ Date: _____

MAIL OR FAX APPLICATION TO:

University of Pittsburgh
Joseph M. Katz Graduate School of Business
Katz-UPMC EMBA in Healthcare Program
Fifth Floor Alumni Hall
4227 Fifth Avenue
Pittsburgh, PA 15260

Telephone: 412-648-1600

Fax: 412-648-1787

QUESTIONS OR CONCERNS ABOUT YOUR APPLICATION?

Please contact us at 412-648-1600 or embahealthcare@katz.pitt.edu.