



INTERNATIONAL  
SENIOR  
ENTREPRENEURIAL  
LEADERSHIP  
PROGRAM 2010/2011

**BLOCK 1:**  
**SEPTEMBER 15 - 24, 2010**

**BLOCK 2:**  
**APRIL 05 - 16, 2011**

Deadline for application:  
**February 26, 2010**

Fax: +41 44 632 1045



In cooperation with

**MIT** faculty members



**FUDAN**  
School of Management  
Shanghai

# APPLICATION FOR ADMISSION

Please answer all questions. Applications must be completed in full and signed before they can be reviewed by the Admission Committee. Please type or print legibly. This form may be photocopied for others in your organization who intend to apply and is also available on our web site: [www.executiveprogram.org](http://www.executiveprogram.org)

## GENERAL INFORMATION

Last Name (Family): \_\_\_\_\_

First Name: \_\_\_\_\_  male  female

Title or Position: \_\_\_\_\_

Division (if applicable): \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: *Street* \_\_\_\_\_

*City* \_\_\_\_\_

*Zip/Postal Code* \_\_\_\_\_ *State/Country* \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Company Web Site: \_\_\_\_\_

Parent Company: \_\_\_\_\_

Your Home Address: *Street* \_\_\_\_\_

*City* \_\_\_\_\_

*Zip/Postal Code* \_\_\_\_\_ *State/Country* \_\_\_\_\_

Home Phone: \_\_\_\_\_ Private E-mail: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Date of Birth (Month/Day/Year): \_\_\_\_\_

Are you applying as:  Team  Individual \_\_\_\_\_

## WORK EXPERIENCE

Please itemize your work experience in reverse chronological order, starting with your current position. If some items are with the same company, please make your promotional sequence clear.

| Name of Company: | Title or Position: | From (Month/Year): | To (Month/Year): |
|------------------|--------------------|--------------------|------------------|
| _____            | _____              | _____              | _____            |
| _____            | _____              | _____              | _____            |
| _____            | _____              | _____              | _____            |
| _____            | _____              | _____              | _____            |
| _____            | _____              | _____              | _____            |
| _____            | _____              | _____              | _____            |

please turn over

**PLEASE RETURN THIS  
APPLICATION BY  
FEBRUARY 26, 2010**

**By MAIL:**

Office for Executive Education  
ISEP 2010/2011  
ETH – Swiss Federal Institute  
of Technology  
Kreuzplatz 5, KPL H8  
8032 Zurich, Switzerland

**By FAX:**

Office for Executive Education  
ISEP 2010/2011  
Fax +41 44 632 1045

**FOR FURTHER INFORMATION:**

Ms Lucie Meyer  
Phone: +41 44 632 0554  
executive-program@ethz.ch  
www.executiveprogram.org

DESCRIPTION OF YOUR CURRENT COMPANY OR DIVISION

|                      | Your Company | Parent Company |
|----------------------|--------------|----------------|
| Products/Services:   |              |                |
| Annual Sales Volume: |              |                |
| Number of Employees: |              |                |

DESCRIPTION OF YOUR CURRENT RESPONSIBILITIES

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How many employees are under your direct or indirect supervision?

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EDUCATION

Name of University/School, Degree, Year:

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MOTIVATION TO APPLY FOR ISEP: PLEASE DESCRIBE BRIEFLY

Why do you want to attend this program:

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How did you learn about the program:

Manager within your Organization       Advertisement (please specify publication)

Human Resource Department

Direct Mail Package

Other (please specify)

World Wide Web

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CANCELLATION POLICY

Cancellations within eight weeks before the first day of the program will incur a cancellation fee of one-third of the total cost, within four weeks two-thirds of the total cost, and cancellations within seven days before the start of the program or «no shows» are subject to full payment. The registration fee of 500 Euros is non-refundable.

Signature of Applicant:

Date:

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