



Application for Admission

Please answer all questions. Application must be fully completed and signed before it can be reviewed by the Admission's Committee. Please type or print legibly. This form may be photocopied for others in your organization who also plan to apply. It is also available on our web site: www.executiveprogram.org

Executive Education – International Senior Entrepreneurial Leadership Program ISEP

Modules

I April 21 – 25, 2008

II May 19 – 23, 2008

III June 9 – 13, 2008

IV June 29 – July 5, 2008

Deadline for application:

January 31, 2008

Fax: +41 44 632 1045

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: _____

Home E-mail: _____

Country of Citizenship: _____

Date of Birth (Month / Day / Year): _____

Are you applying as: _____

Team Individual

**Are you attending the
fourth Module (Asia Pacific)?**

Yes No

Work Experience

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

Name of Company: _____

Title or Position: _____

From (Month/Year): _____

To (Month/Year): _____



Eidgenössische Technische Hochschule Zürich
Swiss Federal Institute of Technology Zurich



University of St. Gallen

In cooperation with

MIT faculty members



SMU
SINGAPORE MANAGEMENT
UNIVERSITY

FUDAN
School of Management
Shanghai

please turn over

Please return this application until January 31, 2008

By Mail:
Office for Executive Education ISEP 08
ETH – Swiss Federal Institute of Technology
Kreuzplatz 5
8032 Zurich, Switzerland

By Fax:
Office for Executive Education
ISEP 08
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

How many employees are under your direct or indirect supervision?

Education

Name of University / School, Degree, Year:

Motivation to apply for ISEP Program: please tell us briefly

why do you want to attend this program:

how have you been informed about the program:

Manager within your Organization Advertisement (please specify publication)

Human Resource Department

Direct Mail Package Other (please specify)

World Wide Web

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.

Signature of Applicant:

Date:
