

LSU's 2011 Executive Development Program

Session 1: January 30 – February 4

February 6 – February 11

Session 2: May 22 - 27

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/Executive contact)
You cannot be your own sponsor.

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

Mail, scan/email, or fax completed form to Carolyn Foley at: ccrame1@lsu.edu; Fax: 225-578-6606;
LSU Executive Education, 3307 Patrick F. Taylor Hall, Baton Rouge, LA 70803.

Receipt of application is confirmed via email. If you do not receive confirmation, contact us at
225-578-9132. Those applying to the program will be notified of their acceptance within one week of
applying.

**Deadline: Application deadline is one month prior to the start of the program. Those applications
submitted after the program deadline date are considered based on space availability.**

All information is strictly confidential.

Form A

Personal Information (Print clearly or type)

First Name: _____ Last Name: _____
(This name will be printed on your program certificate)

Preferred Name: _____ (printed on your name badge)

Work Email: _____ Cell Phone: _____

Home Address: _____

City/State/Zip: _____

In Case of Emergency:

Contact: _____ Relationship to Participant: _____

Primary Phone: _____ Secondary Phone: _____

How did you hear about this program? _____

Employment Information

Company Name: _____

Division: _____ Job Title: _____

Address 1: _____

Address 2: _____

City/State/Zip: _____

Work Telephone Number: _____ Fax: _____

How many people report to you? _____ Directly _____ Indirectly

Years of relevant work experience: ___ 5-7 ___ 8-10 ___ 11-15 ___ >15

Reporting to:

Name: _____

Job Title: _____ Email: _____

Phone number: _____

Employment Record (list previous positions you have held during the past 5 years, beginning with the most recent)

Name of Company	Position	Start Date	End Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The following information is necessary to help us ensure that the program meets your development needs:

1. Describe your present duties and responsibilities.

2. What do you hope to achieve by participating in this program?

3. Is this program being required of you by your organization?

Sponsoring Organization

FORM B

Name of Company: _____

Number of Employees: _____ Number of Managers and Executives: _____

Sponsoring Executive Details (Corporate HR/Professional Development/Executive contact)

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

Billing Information

Tuition fees are payable upon receipt of an invoice and should be paid one month prior to the start of the program. Invoices will be emailed after acceptance decisions are made. (Do not send payment with your application.)

Payment will be made via:

_____ Check _____ Credit card (American Express, Visa, Mastercard)

____ Please check here to use your personal information for billing purposes.

If your applicant is accepted into this program, please indicate the person to whom the invoice should be directed.

Name: _____ Title: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: _____ Fax: _____

