

# COLUMBIA GLOBAL CENTERS | SANTIAGO

## APPLICANT INFORMATION

FIRST NAME:	
LAST NAME:	
DATE OF BIRTH:	
EMAIL ADDRESS:	
COLUMBIA PROGRAM/ SCHOOL:	
GRADUATION DATE:	
CURRENT POSITION/TITLE:	
INSTITUTION:	
NUMBER OF YEARS IN THIS POSITION:	
NUMBER OF YEARS OF WORK EXPERIENCE:	

PROFESSIONAL BACKGROUND (in two lines):

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## **INSTITUTION INFORMATION**

INSTITUTION'S NAME:	
INSTITUTION'S WEBSITE:	
TYPE/FOCUS OF THE INSTITUTION:	
INSTITUTION MAIN ACTIVITY:	

## **LETTER**

What are your objectives in attending this program? In a separate document please provide a detailed description of your years of professional experience, your overall job responsibilities, as well as the current challenges you are facing in your organization at this time. Please let us know what you hope to learn from this course. The Business Executive Education team will use this information to evaluate your application (two to three paragraphs).

## **CV**

Please enclose your CV in English mentioning all relevant publications, awards, speaking engagement, research projects, courses you teach and/or all relevant information that supports your application.

## **EXECUTIVE SPONSOR OR HUMAN RESOURCES SUPPORT AND CONTACT INFORMATION**

Please indicate that you have a full support from your organization in attending the program. In the space below, please provide the contact information of your sponsor. In this section you acknowledge that you have consulted with your sponsor on your enrollment and you both agree that if admitted, you will be allowed to attend the program in full, complete all pre-program work assignments on time, have an excellent command of English, and be able to devote your full attention to your studies for the duration of the program. If for any reason there are challenges to your enrollment, you also agree to make them known before the start of the program.

My sponsor agrees to allow me to attend this program with minimal interference from my organization.

FIRST NAME:

LAST NAME:

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TITLE/POSITION:

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BUSINESS STREET ADDRESS:

CITY:

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BUSINESS PHONE:

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EMAIL ADDRESS:

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APPLICANT'S SIGNATURE:

DATE SIGNED:

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