

## Application for Admission to the Elite Master's Program

Please submit three letters of recommendation, corporate sponsorship signature, and transcripts with a non-refundable \$75 application fee. Those applying without a bachelor's degree must also submit GMAT or CLEP results. As applications are reviewed and evaluated on a continuous basis in the order of their receipt, candidates are encouraged to apply as early as possible. An Electronic Application Form may be downloaded from our Web site at: [www.ewp.rpi.edu/hartford](http://www.ewp.rpi.edu/hartford).

### Applicant Data

Name			
Last	First	M.I.	Preferred Name
Title		Department	
Company			
Company Address			
Street		City/State	Zip
Office Telephone ( )		Fax Number ( )	
E-mail Address			
If subsidiary, division, or affiliate, please indicate parent corporation name			
Applicant's Home Address			
Street		City/State	Zip
Home Telephone ( )		Cell/Mobile Telephone ( )	
Social Security Number — —			
Date of Birth			Place of Birth
Month	Day	Year	

### Citizenship

United States Citizen  Permanent Resident of U.S.

Citizen of \_\_\_\_\_  Visa Status \_\_\_\_\_

Country

### Sponsorship

SPONSORS MUST SUBMIT A SEPARATE LETTER TO VERIFY ORGANIZATIONAL SUPPORT AND APPROVE THE TIME OFF NEEDED BY THE EMPLOYEE TO PARTICIPATE IN THE Elite Master's PROGRAM. Please provide the name and contact information for the sponsor.

Name			
Title			
Company			
Address			
Street		City/State	Zip
Telephone ( )		Fax Number ( )	
E-mail Address			

## Sponsor Organization Data

Company Name _____	Industry _____
Sales _____	Net Assets _____
Number of Employees _____	Net Income _____
Number of Products _____	Number of Facilities _____

## Position Data

Describe the organizational unit for which you are responsible and relate it to the total organization in terms of size, scope, and autonomy of responsibility. Please enclose a description of your position and current résumé.

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List the human resources, budget, and capital investments for which you are responsible.

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To what position(s) do you report? (Use a separate page if necessary.)

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Number of people reporting to you \_\_\_\_\_

Number of years in this position \_\_\_\_\_

Number of years with this company \_\_\_\_\_

Total years of professional experience \_\_\_\_\_

Professional affiliations \_\_\_\_\_

Annual compensation including bonuses (optional) \$ \_\_\_\_\_

## Areas of Management Expertise

Please assess your proficiency in the following areas of management:

	Strong	Average	Need Improvement		Strong	Average	Need Improvement
Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quantitative Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Managerial Economics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operations Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy Formulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Database Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Tuition

Tuition will be \$39,800 for the 2007 incoming class. This price includes tuition, fees, textbooks, and academic services. While most obtain full financial support from their sponsoring organization, some EMP participants are opting to finance the program on their own (either partially or in-full). Therefore, an array of attractive payment alternatives, including Federal Financial Aid, is available for those who qualify. Upon acceptance into the program, a \$500 non-refundable deposit is required to hold a place in the class. The deposit will be deducted from the cost of tuition.

## Billing Information

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Zip

Telephone ( ) Fax Number ( )

It is understood that during participation in the program I will be free of other duties on class days and will not be absent for any reason other than an emergency.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Please submit to:** Director, Elite Master's Program  
Office of Enrollment Management  
Rensselaer Hartford Campus  
275 Windsor Street  
Hartford, Connecticut 06120-2991



**Rensselaer** | LALLY SCHOOL  
OF MANAGEMENT & TECHNOLOGY

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