

THE EFFECTIVE EXECUTIVE LEADERSHIP PROGRAM

Program Application Form

YES! Please register me for:

Winter: January 27 - February 2, 2018

Summer: May 25 - June 1, 2018

Personal Information	
Full Name:	Nickname (for name tag):
Gender: M F	Date of Birth (day/month/year):
In what ways do you expect the Effective Executive to help you?	
Please indicate any special requirements you may have (i.e. dietary restrictions, accommodations):	

Company Information			
Organization:			
Job Title:		Address:	
City:	Prov/State:	Postal Code/Zip:	Bus. Tel:
Other Tel:	Bus. Fax:	Email:	
Please indicate the level of your position within your organizational structure:			
Junior Management	Middle Management	Senior Management	Executive
Time in current position:		Number of staff reporting to you:	
		0-4	5-9 10-14 15+
Provide a brief description of your current position and summary of major responsibilities (include an attachment if required):			
Please indicate your level of involvement in the following by rating yourself on a scale of 1-5: 1 = minimal, 5 = extensive			
Human Resource Management	Recruitment	Evaluation	Union/Management Relations
Financial Management	Budget Preparation	Budget Monitoring	
Operations Management	Bus. Unit Strategy Formulation	Product/Service Delivery	Market Development

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Previous and Current Education

Please include short management and correspondence courses as well as any other significant educational experience.

University/Institution	Field	Degree/Designation	Year

Please list any membership in professional associations:

Authorizing Manager Information

Please provide contact information for the Manager that recommended you for the program. This Manager may be contacted as part of the follow-up process.

Full Name:	Job Title:
Email:	Bus. Tel:

Please review your application and ensure ALL fields are completed.

Return completed applications forms via email, fax or mail to:



EXECUTIVE
EDUCATION

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