APPLICATION FOR ADMISSION

Please answer all questions. Application must be fully completed and signed before review by the Admissions Office.

(Please type or print legibly)

GENERAL INFORMATION

NAME:
Last (family) *First* *Middle Initial* *Prefix (Mr., Ms., Mrs., Dr.)*

NICKNAME/FAMILIAR NAME FOR NAME TAG: □ MALE □ FEMALE

COUNTRY OF CITIZENSHIP: DATE OF BIRTH:
Day / Month / Year

TITLE OR POSITION: DIVISION *(if applicable):*

ORGANIZATION NAME:

ORGANIZATION ADDRESS:
P.O. Box *Street* *Town/City* *Country* *Postal Code*

ORGANIZATION TELEPHONE: FAX:

ORGANIZATION WEBSITE: EMAIL:

YOUR HOME ADDRESS:
P.O. Box *Street* *Town/City* *Country* *Postal Code*

HOME TELEPHONE:

CANCELLATION POLICY

Upon acceptance, payment in full is required immediately. Cancellations or deferrals must be submitted in writing up to 15 days prior to the start of the program to receive a full refund. Due to program demand and the volume of pre-program preparation, cancellations or deferrals received within 15 days prior to the start of the program are subject to a fee of one-third of the program fee; within five days are subject to two-thirds of the program fee. Cancellations or deferrals after the start of the program are subject to full payment.

SIGNATURE OF APPLICANT: DATE:

I certify that all the information and accompanying material provided in connection with this application are authentic and accurate.

SPONSORING ORGANIZATION

Please have a senior executive from your organization complete the following: (section not applicable for self sponsoring executives)

NAME OF ORGANIZATION:
Nominates this person for the Microeconomics of Competitiveness Program. It is understood that this person, if admitted, will be completely free of official duties while participating in the program and that the sponsoring organization assumes responsibility for payment of the program fee.

SIGNATURE OF SPONSORING EXECUTIVE: DATE:

NAME:
Last (family) First Middle Initial Prefix (Mr., Ms., Mrs,. Dr)

TITLE OR POSITION:

ADDRESS:
Street Town/City Country Postal Code

TELEPHONE: FAX: EMAIL:

PLEASE RETURN THIS APPLICATION TO:

BY MAIL:

Admissions Committee
Strathmore Business School
Ole Sangale Road, Madaraka Est.
P.O. Box 59857 00200
Nairobi, Kenya

ONLINE:

Applications may be submitted online through:
www.sbs.ac.ke/programs/isc

BY FAX:

Admissions Committee
Strathmore Business School
Fax: +254 20 607498

Tel: +254 (20) 603 412, 604 036 Cell: +254 (0) 724 256 249 (0) 734 256 225