

Executive Certificate in the Business of Life Sciences (ECBLS)

APPLICATION FOR ADMISSION

Personal Data

Name Mr. Ms. Miss Mrs. Dr. Other
(please circle your preference)

Name as would appear on class badge

Home Address:

Home Phone Number:

E-mail address:

Date of Birth:

Formal Education

School	Degree	Year Attained	Field of Specialization
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Professional Education

School	Program	Dates of Attendance (mm/yr)
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Present Occupation

Title	Company and (as appropriate) Operating Division
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Work Address:

Work Phone Number:

Work E-mail Address:

Description of Current Duties:

Division/Company Description:

(Please check the description that most closely describes the business)

- Pharmaceutical
- Biotech
- Disposable Medical
- Implantable Medical
- Hardware/Capital Goods
- Life Sciences Industry Support, e.q. *consulting, legal services, contract research, distribution, software, raw materials supplier*
- Other
- Non-Applicable

Size of Division/Company:

Approximate Headcount _____ Approximate Annual Sales _____

Name and Position of Who You Report To:

Previous Employment Experience

Company	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Areas of Experience

(Please indicate, by marking with an "X", your level of prior experience/familiarity with the following areas of business.)

	<i>Strong</i>	<i>Moderate</i>	<i>Limited</i>
General			
Management	_____	_____	_____
Accounting	_____	_____	_____
Marketing	_____	_____	_____
Finance	_____	_____	_____
HR Management	_____	_____	_____
Production or Operations	_____	_____	_____
Information Technology	_____	_____	_____
Product Development	_____	_____	_____
Engineering	_____	_____	_____
Research	_____	_____	_____
Quality	_____	_____	_____
Assurance Other	_____	_____	_____
Expertise	_____	_____	_____

(Please describe): _____

Goals Statement

What do you hope to achieve by participating in the ECBLS program? How do you believe the program can be most useful for you and (as appropriate) your current company/organization? *(You may attach an extra sheet if necessary.)*

Company Endorsement (as appropriate) or Personal Interview

Please attest to the accuracy of the information contained in this application, the company's belief in the ability of the applicant to perform graduate level business course work and the company's willingness to make the applicant available to attend the in-residence periods of the program. Please also comment as to career plans the company may have for the applicant over the next 3-5 years. (Endorsement may be submitted as an attachment to this application or in a separate mailing.)

Signature of Endorser: _____ Date _____

Name of Endorser _____ Title _____ E-mail Address _____ Work Phone Number: _____

If applicant does not desire or is unable to provide a company endorsement, he/she should schedule a personal interview with a representative of the Center for the Business of Life Sciences or Kelley Executive Education. The purpose of the interview will be to confirm application information, ability of applicant to perform coursework and review applicant's career plans and goals for attending the program.

Administrative Notes

- Month/year desired to start the program: _____
While completing the coursework over 11 months is recommended, in light of circumstances that may arise, students have two years to complete the five program courses required for an ECBLS.
- How did you learn about the ECBLS program? (please check all that apply)
 Supervisor HR Department Co-Worker Previous Attendee
 Printed Materials Kelley Website Press Article Other (Please Specify) _____
- English Proficiency Requirement – The ECBLS program will be conducted in English. Students need to be able to actively participate in wide-ranging discussions during the in-residence portions of the program as well as group/team assignments.
- Individuals need to have access to a laptop computer for use during the in-residence portions of the program. Specifications can be found at <https://kelley.iu.edu/programs/online/admissions/technology-requirements.cshtml> .
- Application Submission Date – All applications need to be submitted no later than 2 weeks prior to the start of the program. All applications will include a \$50 processing fee, non-applicable towards tuition.
- Admissions Policy – The policy of Indiana University regarding admission and access to programs prohibits discrimination on the basis of age, color, disability, ethnicity, gender, marital status, national origin, race, religion, sexual orientation or veteran status.
- Tuition – ECBLS tuition is \$17,000. Information about payment options is available at gokelley.iu.edu/ecbcls, under the Cost dropdown at the bottom of the page. Tuition does not include course materials, lodging at the in-residence periods or personal travel.
- Credits - The ECBLS program is being conducted on a pass/fail basis. A letter grade will be recorded in each course for all students. Credits from ECBLS courses can be applied toward the following degrees: the Kelley online MBA and M.S. in Strategic Management and the Kelley Evening MBA. In the event that students desire to apply their credits toward a Masters degree, transfer their courses for credit to another institution, or require a letter grade to obtain tuition reimbursement from their employer, grades will be made available, upon request.
- Cancellation Policy – All cancellations must be made in writing. Cancellations made more than 28 days prior to the start of the program will receive a full refund, less a \$250 administrative fee. One deferral of enrollment to the subsequent year's program is permitted.
- To schedule a personal interview, please contact Kelley Executive Education at 812-855-0229 or ksbee@indiana.edu.
- Please return this application to:
Kelley Executive Education
Kelley School of Business
Indiana University
1275 E. 10th Street, Suite 3070
Bloomington, IN 47405-47403
Attn: Business of Life Sciences

This constitutes my application for admission to the Executive Certificate in the Business of Life Science program. I attest to the accuracy and completeness of the information submitted in this application.

Applicant's Signature: _____ Date: _____



