

STATEMENT OF CORPORATE SUPPORT



Name of Applicant (Family Name) (Given Name) (Middle Name)

Company

TO THE APPLICANT:

Complete the above portion of the form and give to your company representative.

I am self-employed and wish to waive this requirement.

TO THE COMPANY REPRESENTATIVE:

The individual above is applying to the Executive MBA Program at the Ross School of Business at the University of Michigan. We believe that it is important for employers to recognize the commitment and dedication necessary for a student to successfully complete our program.

Your signature below indicates that you are aware of the applicant's intent to participate in our Program. If this applicant is accepted, your organization agrees to allow the participant to attend classes as scheduled in Ann Arbor or Los Angeles. Our program is a 21-month program with classes held Friday and Saturday on a four-week rotating schedule, as well as two extended residencies.

Use the space provided below if you would like to provide other comments regarding the applicant's participation in our program.

- Dr.
 Mr.
 Ms.

Your name (please print)

Title

Phone (include area code) Email

Date

Signature

Add details regarding company financial assistance or any comments (if applicable)