

# Application for Admission \*\*Doctoral Program\*\*



Columbia University Graduate School of Business Doctoral Program 3022 Broadway, Room 804 New York, NY 10027-6902

Phone: (212) 854-2836 FAX: (212) 932-2359

EMAIL: eelam@claven.gsb.columbia.edu

Thank you for your interest in the Columbia University Doctoral Program in Business. This application has been designed to afford you the opportunity to communicate information about your background and ambitions to the Doctoral Committee on Admissions.

This application is a companion piece to the handbook of the Doctoral Program in Business, which contains information pertaining to the academic program and the School and University policies and procedures.

This application contains the following six parts, along with an application receipt card, summary information label, and mailing labels. Please carefully **complete all sections and submit the entire application, receipt card, labels, and \$50 fee, in the envelope provided**. Your test score(s) should be sent to the Columbia Business School Doctoral Program (institution code 2141) directly from ETS. It is the applicant's responsibility to have all application materials on file in the Doctoral Office no later than February 1, but preferably, as early as possible.

| PART I   | Application for Admission        |
|----------|----------------------------------|
| PART II  | Essay                            |
| PART III | Letter of Recommendation (2)     |
| PART IV  | Transcript Request Form          |
| PART V   | Financial Assistance Application |
| PART VI  | Personal Data                    |

Please let us know if we can be of assistance to you in the application process. We look forward to considering your application.

Columbia Business School Ph.D. Program

## Application for Admission

#### Please read the following instructions carefully.

**Return complete application to: Columbia Business School Doctoral Program** 

Columbia University 3022 Broadway, Room 804 New York, NY 10027-6902

Social Security Number

Complete applications should be received no later than February 1. Applications received after that date may be considered, but the possibility of acceptance will be diminished.

A check or money order drawn on a U.S. bank for \$50 (fifty dollars) payable to Columbia University must accompany this application. International postal orders cannot be accepted. This fee is nonrefundable and may not be waived.

The rules of the Board of Regents of the University of the State of New York require Columbia University to retain for a period of three years all material filed in support of this application. No original documents which you submit can be returned.

All documents not issued in English by the officials signing them must be accompanied by notarized English translations.

The Graduate Management Admission Test or the Graduate Record Examination is required of all applicants. Please supply all information relevant to your tests on page 2 or Part A.

Please note that the Columbia Business School does not offer part-time or evening degree programs. Students are admitted for entrance in September only.

If you wish to learn more about the Ph.D. program, you may call the office of Doctoral Studies at (212) 854-2836.

E-mail

| PART A. PERSONA<br>Please type or print legil |                         |                              | Application for entrance in September             | <b>r</b> Year        |
|---|-------------------------|------------------------------|---|----------------------|
| Mr./Ms./Mrs./Miss                             | Last Name               | First Name                   | Middle Name                                       |                      |
| If you have used any value.                   | riation(s) of your name | as it appears above in regis | stering at any institutions you have attended, pl | ease give such names |
| Mailing address                               |                         | Number and Street            | Ара   | rtment no.           |
| City  | State                   | Country                      | Zip Code  | Telephone            |
| Date through which this                       | address can be used     |                              |   |                      |
| Home address                                  |                         | Number and Street            | Ара   | rtment no.           |
| City  | State                   | Country                      | Zip Code  | Telephone            |
| Business address                              |                         | Number and Street            |   |                      |
| City  | State                   | Country                      | Zip Code  | Telephone            |

Date of Birth

| Citizenship •  |  |
|--|--|
| If you are not a United States citizen, what type of visa do you hold or   | intend to apply for?   |
| Have you ever applied to the Graduate School of Business before?   |  |
| If so, please give program (degree), term, and year  |  |
| Are you applying for financial assistance from the Columbia Business School? If so, please complete the Financial Assistance Application and submit it together with your application for admission. Application for such assistance in no way affects the decisions of the Committee on Admissions with respect to your acceptance into the Ph.D. Program  The Graduate Management Admission Test or the Graduate Record Examination is required of all applicants. Please indicate the date on which you took, or plan to take, the GMAT: or the GRE: Was Columbia Business School Doctoral Program on your original Score Report Request? If not, when did you request that your score be sent to the doctoral Program (institution code 2141)? Complete information regarding the administration of the test may be obtained from the Educational Testing Service, | Princeton, New Jersey 08540.  For those whose native language is not English, demonstration of a high degree of competence in both written and spoken English is required. It is strongly recommended that applicants take either the Test of Spoken English (TSE-A*) or the Test of English as a Foreign Language (TOEFL), preferably the TSE-A*. Arrangements to take these examinations should be made by writing directly to TOEFL/TSE, P.O. Box 6151, Princeton, NJ 08542-6151, USA. Applicants who have received a prior degree in an English-speaking country may request an exemption from the TSE and TOEFL. Please give the date on which you took, or plan to take the TSE-A*:; TOEFL: Was Columbia Business School Doctoral Program on your original Score Report Request? If not, when did you request that your score be sent to us (code 2141)? |
| PART B. EDUCATIONAL BACKGROUND AND WORK E  | XPERIENCE  |
|  |  |

List in chronological order the undergraduate and graduate schools that you have attended, including Columbia. The Committee on Admissions requires an official transcript from each of the colleges and universities you have attended as a registered student (regardless of the number of course taken), including summer school, night school, etc. Two Transcript Request Forms are provided. The request form asks the registrar to enclose an official transcript and the request form in the envelope, to seal and the envelope, sign across the envelope seal, and to return the envelope to you. When you receive the

handbook.)

returned envelope, DO NOT OPEN IT. The sealed envelope must be enclosed with your application when it is filed. If you have attended more than two schools here or abroad, please make copies of the Transcript Request Form and ask the registrar to sign across the seal of his institution's standard business envelope. If you have spent a "junior year abroad" and the courses have been transferred back to your U.S. institution and appear with grades on your transcript you need not request a transcript from the foreign institution.

| Name of School   | Location | Major               | Degree                | Dates Attended                | Date Transcript  |
|--|----------|---------------------|-----------------------|-------------------------------|------------------|
| 1  |          |                     |                       |                               | Requested        |
| 1  |          |                     |                       |                               |                  |
| 2  |          |                     |                       |                               |                  |
| 3  |          |                     |                       |                               |                  |
|  |          |                     |                       |                               |                  |
| Please describe your scholastic hono professional or community organizat |          | es, etc.), extracur | ricular activities ir | n college, and any additional | l involvement in |

In what area do you tentatively plan to do the major part of your doctoral work? (This is the major field described in the Doctoral Program

| Name of Applicant                                 |  |                              |                    |
|---|--|------------------------------|--------------------|
| 1 /   |  |                              |                    |
|   |  |                              |                    |
|   |  |                              |                    |
| What him has a siting to this a second additional | -t-tt                                    | l. C                         |                    |
| What kind of position (teaching, research, admin  | nistration, other) do you intend to looi | k for upon completion of you | r studies?         |
|   |  |                              |                    |
|   |  |                              |                    |
|   |  |                              |                    |
|   |  |                              |                    |
| What courses have you taken in economic theorems  |  |                              |                    |
| I what courses have you taken in coolishing alcoh | j.                                       |                              |                    |
|   |  |                              |                    |
|   |  |                              |                    |
|   |  |                              |                    |
|   |  |                              |                    |
| What courses have you taken in mathematics, p     | robability, and statistics?              |                              |                    |
| 1   |  |                              |                    |
|   |  |                              |                    |
|   |  |                              |                    |
|   |  |                              |                    |
|   |  |                              |                    |
| List any publications or original research papers | you have written.                        |                              |                    |
| •   |  |                              |                    |
|   |  |                              |                    |
|   |  |                              |                    |
|   |  |                              |                    |
| What languages (including computer languages      | are you familiar with and to what ex     | vtent?                       |                    |
| What languages (including computer languages)     | the you lammar with, and to what ex      | xtent.                       |                    |
|   |  |                              |                    |
|   |  |                              |                    |
|   |  |                              |                    |
|   |  |                              |                    |
| List in chronological order your most significant | employment since entering college.       |                              |                    |
| Name and Address of Employer                      | Kind of Work                             | Dates                        | Full- or Part-time |
| I   |  |                              |                    |

Two letters of recommendation are required by the Committee on Admissions. These letters should be written by professors (preferably senior professors) who are in the department in which you did the major part of your study and who are well acquainted with your work (If you have had a year or more of full-time experience in research since graduation, one of the

two letters may be a recommendation from a supervisor.) Please list below the names of those persons from whom you have requested letters, the institutions with which they are affiliated, and the date you sent them the recommendation forms. You may submit more than two letters if you wish.

| Name  | Institution   | Location                              | Date Sent                    |
|---|---|---------------------------------------|------------------------------|
| <b>I</b> •  |   |                                       |                              |
| 1   |   |                                       |                              |
| 2   |   |                                       |                              |
| 3   |   |                                       |                              |
| 4   |   |                                       |                              |
| HONOR PLEDGE  |   |                                       |                              |
| are exclusively my own wo   | provided accurate information in thi<br>ork and that no recommendations, tra<br>n of facts in my application will justify | nscripts or supporting materials have | been falsified. I am aware   |
| I understand that materia<br>are not returnable.  | ls received by the school in connection   | with this application become the pro  | perty of the School and      |
| Except as noted below, the  | school may verify any information pr  | ovided.                               |                              |
| Print Name  |   |                                       |                              |
| Signature   |   |                                       |                              |
| Date  |   |                                       |                              |
| Exceptions:   |   |                                       |                              |
| Comments:   |   |                                       |                              |
|   |   |                                       |                              |
| Checklist (Please compl   | ete.)   |                                       |                              |
| Items you have requested  | to be sent to Columbia  |                                       |                              |
| ☐ GMAT score ☐ GRE score ☐ TOEFL score, if appro ☐ TSE-A* score, if appro   |   |                                       |                              |
| Items you have included v  Transcripts Recommendations Notarized English transforeign language Financial Assistance A Essay S50 check or money o Completed Receipt Ca Completed Summary I | slation of material in  pplication  rder (in U.S. currency)  rd   | 77                                    | and office who to ( and an D |
|   | nformation label (important)  | Ple                                   | ease affix photo (optional)  |

Part II

Columbia Business School Ph.D. Program Columbia University 3022 Broadway, Room 804 New York, NY 10027-6902

## Essay

#### **To the Applicant:**

The Committee on Admissions is interested in your reasons for pursuing doctoral study. In an essay of about 500 words, please describe (1) those academic and/or professional achievements which have contributed most to your development and (2) your educational goals, research interests, and professional objectives. If you have already formulated plans for dissertation-level research, please describe them as specifically as possible.

Your essay should be typed and double-spaced on separate  $8\,\%\,x\,11$  paper with your name at the top of each page. Please include the major field area to which you are applying — accounting, finance and economics, management of organizations, management science/operations research, or marketing.

## Letter of Recommendation

| Last Name  | First Name   | Middle Name   |
|--|--|---|
| Under the provision of the The Famil Privacy Act of 1974, effective January right, if you enroll at Columbia Busin your educational records. The Act fur  (a) □ I waive my right of access to this  (b) □ I do not waive my right of access  | 1, 1975, you have the ess School, to review ther provides that you s recommendation form.  | may waive your right to see recommendations for admission.  Please indicate whether you wish to waive this right by checking the appropriate box below. The Committee on Admissions places no value on your decision on this matter.  |
| Signature  | Date   |   |
| Please send to each appraiser:  This Form A Return Envelo  | pe   |   |
| Name of Person Completing this Recom   | mendation  |   |
| This form is submitted to you for an qualifications for graduate work lead. The Committee on Admissions partic letter be as informative as possible. Tin the applicant's intellectual prepara graduate study, motivation toward do in his or her chosen field, research as potential as a teacher. The Committee evaluation of the applicant in terms of | ing to the Ph.D. degree. ularly requests that your he Committee is interested tion and capacity for octoral study and interest and writing ability, and e is also interested in your | support. If the applicant requesting this evaluation has signed statement (b) or has signed neither of the statements above, this letter will be available for the applicant's examination should he or she enroll in the Columbia Business School.  Please return this appraisal to the applicant in the envelope provided, with your signature across the seal. The applicant will then submit the sealed, signed envelope as part of the completed application packet. |
| Signed   |  | Position/Title  |
| Name and address of institution  |  |   |
| Date   |  |   |

TO THE COMMITTEE ON ADMISSIONS:

Use other side.

## Letter of Recommendation

| Last Name   | First Name   | Middle Name  |
|---|--|--|
| Under the provision of the The Family I<br>Privacy Act of 1974, effective January 1,<br>right, if you enroll at Columbia Business<br>your educational records. The Act further  | 1975, you have the s School, to review   | may waive your right to see recommendations for admission. Please indicate whether you wish to waive this right by checking the appropriate box below. The Committee on Admissions places no value on your decision on this matter.  |
| <ul><li>(a) □ I waive my right of access to this re</li><li>(b) □ I do not waive my right of access to the result of access t</li></ul> |  | n.   |
| Signature   | Date   |  |
| Please send to each appraiser:  This Form A Return Envelope   |  |  |
| Name of Person Completing this Recomme  | endation   |  |
| This form is submitted to you for an op-<br>qualifications for graduate work leading.<br>The Committee on Admissions particula<br>letter be as informative as possible. The<br>in the applicant's intellectual preparation<br>graduate study, motivation toward doct<br>in his or her chosen field, research and<br>potential as a teacher. The Committee in<br>evaluation of the applicant in terms of or  | g to the Ph.D. degree.  arly requests that your c Committee is interested on and capacity for oral study and interest writing ability, and s also interested in your | support. If the applicant requesting this evaluation has signed statement (b) or has signed neither of the statements above, this letter will be available for the applicant's examination should he or she enroll in the Columbia Business School. Please return this appraisal to the applicant in the envelope provided, with your signature across the seal. The applicant will then submit the sealed, signed envelope as part of the completed application packet. |
| Signed  |  | Position/Title   |
| Name and address of institution   |  |  |
| Date  |  |  |

TO THE COMMITTEE ON ADMISSIONS:

Use other side.

Columbia Business School Ph.D. Program Columbia University 3022 Broadway, Room 804

## Transcript Request Form

#### **To the Applicant:**

New York, NY 10027-6902

Please complete the information requested below and send this form to your college or university's registrar with the self-addressed transcript envelope. If you have attended more than

two colleges or universities, please photocopy this form and complete it fully for use by the additional school(s) and ask the registrar to sign across the seal of the institution's standard business envelope.

#### To be completed by the applicant:

Signature of official filling request

| Last Name   | First Name   | Middle Name  |
|---|--|--|
|   |  |  |
| School  |  |  |
| Dates of enrollment   | Degree and year  |  |
| I hereby authorize the release of a   | a transcript of my academic record to  | the Columbia Business School.  |
| Signature of applicant  | Date   |  |
|   |  |  |
| To the Institution: The person whose name appearadmission to the Ph.D. program applicant cannot be considered record. This academic record shenrollment, a year by year listing | n at Columbia University. The<br>without a complete academic<br>nould include the dates of | marks obtained in each of these courses, and verification of date of conferral and title of degree. Where the educational system measures performance by comprehensive examinations at yearly or other intervals, we require records of all such examinations with ratings or class achieved. Please include an English translation of all non-English language documents. |
| Date of degree  | Title of degree  | Applicant's rank in class (if determined   |
| of the applicant's academic reco<br>Please seal the envelope and s<br>return it to the applicant so it<br>application. In the event that it                                     | sign across the seal, then<br>can be included with his/her                                 | Columbia Business School<br>Doctoral Program<br>Columbia University<br>3022 Broadway, Room 804<br>New York, NY 10027-6902  |
|   |  |  |

Date

Columbia Business School Ph.D. Program Columbia University 3022 Broadway, Room 804

New York, NY 10027-6902

## Transcript Request Form

#### To the Applicant:

Please complete the information requested below and send this form to your college or university's registrar with the selfaddressed transcript envelope. If you have attended more than

two colleges or universities, please photocopy this form and complete it fully for use by the additional school(s) and ask the registrar to sign across the seal of the institution's standard business envelope.

Signature of official filling request

| Last Name  | First Name                          | Middle Name  |
|--|-------------------------------------|--|
| •  |                                     |  |
| School   |                                     |  |
| Dates of enrollment  | Degree and year                     |  |
| I hereby authorize the release of a  | transcript of my academic record to | the Columbia Business School.  |
| Signature of applicant   | Date                                |  |
|  |                                     |  |
|  |                                     |  |
| <b>Fo the Institution:</b><br>Fhe person whose name appea                          | rs above is applying for            | marks obtained in each of these courses, and verification of<br>date of conferral and title of degree. Where the educational |
| admission to the Ph.D. program   |                                     | system measures performance by comprehensive examinations  |
| applicant cannot be considered   |                                     | at yearly or other intervals, we require records of all such   |
| record. This academic record shenrollment, a year by year listin                   |                                     | examinations with ratings or class achieved. Please include an English translation of all non-English language documents.    |
| Date of degree   | Title of degree                     | Applicant's rank in class (if determined)  |
| We ask that you complete this fo   | orm and enclose an official copy    | Columbia Business School   |
| of the applicant's academic recor  | rd in the envelope provided.        | Doctoral Program   |
| Please seal the envelope and s   |                                     | Columbia University  |
| return it to the applicant so it applicant so it application. In the event that it | can be included with his/her        | 3022 Broadway, Room 804<br>New York, NY 10027-6902   |
|  | cant, please return the envelope    | New 101k, N1 10027-0902  |

Date

## Financial Assistance Application

Financial aid awards to doctoral candidates are in the form of fellowships and are made on the basis of academic merit first, and secondarily on financial need. Further information about financial aid is available in the Doctoral Program handbook.

Those applying for admission to the Ph.D. program and in need of financial assistance should return this completed application. together with the admissions application to the address above. *The deadline for submission of application is February 1.* 

| Mr./Ms./Mrs./Miss  | Last Name  | First Name                          | Middle Name                       |                    |
|--|--|-------------------------------------|-----------------------------------|--------------------|
| VII./ 1415./ 14115./ 141155  | Last Ivalite   | 1 H3t IVdille                       | Middle ivaille                    |                    |
| U.S. Social Security No.   |  |                                     |                                   |                    |
| Date of entry into Ph.D.   | program  |                                     |                                   |                    |
| Citizenship  |  | If foreign, visa type               | Legal resident o                  | of (State)         |
| Have you ever applied for<br>If so, please give dates an                             | or or been granted financiand amounts granted.   | al assistance by the Graduate Schoo | l of Business (including M.B.A st | tudy)?             |
| . 0  | G  |                                     |                                   |                    |
|  |  |                                     |                                   |                    |
| Will you be living with w  | vith parents?  Yes   | ] No                                |                                   |                    |
|  |  |                                     |                                   |                    |
| Parents' ages: mother  | father   |                                     |                                   |                    |
| -  |  |                                     | ator care                         |                    |
| -  |  | ependent on parents                 | give ages                         |                    |
| Number of persons other  | than yourself who are de   |                                     | give ages                         |                    |
| Number of persons other Parents combined net tax                                     | r than yourself who are de   | ependent on parents                 | give ages                         |                    |
| Number of persons other  | r than yourself who are de   | ependent on parents                 | give ages                         | Full- or part-time |
| Number of persons other Parents combined net tax Record of employmen                 | than yourself who are decays than yourself who are decays that is a second to the content of the | ependent on parents                 |                                   | Full- or part-time |
| Number of persons other Parents combined net tax Record of employmen                 | than yourself who are decays than yourself who are decays that is a subject to the control of th | ependent on parents                 |                                   | Full- or part-time |
| Number of persons other Parents combined net tax  Record of employmen  Employer      | than yourself who are decays than yourself who are decays that is a subject to the control of th | ependent on parents                 |                                   | Full- or part-time |
| Number of persons other Parents combined net tax  Record of employmen  Employer      | than yourself who are decays than yourself who are decays that is a subject to the control of th | ependent on parents                 |                                   | Full- or part-time |
| Number of persons other Parents combined net tax  Record of employmen  Employer  1 2 | than yourself who are decays than yourself who are decays that is a subject to the control of th | ependent on parents                 |                                   | Full- or part-time |

(Financial Assistance Application continued)

| Marital status                                    | No. of cl  | hildren  |  |
|---|--|--|--|
|   |  |  |  |
| If married will you be livi                       | -  | WIll spouse be employed?  ☐ Yes ☐ No                                 | If so, please give spouse's net taxable income       |
|   |  |  |  |
| If spouse is not employed                         | l, please state reasons.                           |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| Write in the total number spouse and your depende | of persons that you are<br>ent children. List name | nd your spouse will support during the, age, and relationship below. | ne first year of the program. Include yourself, your |
| Name  |  | Age  | Relationship   |
| 1   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| Of the above, how many                            | will be enrolled in col                            | lege at least half-time?   |  |
| Of the above, how many                            | will be enrolled in col                            | lege at least half-time?   |  |
| Student Status                                    |  |  | C 2  |
| Student Status Were you (will you be) cl          | laimed by your parents                             | s as an exemption on their U.S. 1040                                 | form?  |
| Student Status                                    |  |  | form?  |
| Student Status Were you (will you be) cl          | laimed by your parents                             | s as an exemption on their U.S. 1040<br>Yes No                       | form?  |

(Financial Assistance Application continued)

| Student's Assets (in U.S. \$)                     | Current Value | Amount Owed |
|---|---------------|-------------|
| Cash, savings, checking accounts                  | \$            | N.A.        |
| Home (renters enter "0")                          | \$            | \$          |
| Other real estate and investments                 | \$            | \$          |
| Business and farm                                 | \$            | \$          |
| Value of trust accounts                           | \$            | \$          |
| Value of pension accounts<br>(include IRA/Keough) | \$            | \$          |

#### **▶ Student's Other Resources**

|   | (Specify in U.S. dollars per month where applicable.)                                 | June – August 200 | September 200 May 200 |
|---|---|-------------------|-----------------------|
|   | Student's benefits (G.I. Bill, V.E.A.P., Social Security, etc.)                       | \$                | \$                    |
| ı |   |                   |                       |
|   | Student's scholarships, fellowships, government assistance, sponsor assistance, etc.  | \$                | \$                    |
|   | Financial assistance from student's parents, other relatives, parents of spouse, etc. | \$                | \$                    |

| this space to explain sidering your financial | any circumstances yo circumstances. | u think are not ma | ade clear in the app | olication but would b | pe helpful to the Com | nmittee in |
|---|-------------------------------------|--------------------|----------------------|-----------------------|-----------------------|------------|
|   |                                     |                    |                      |                       |                       |            |
|   |                                     |                    |                      |                       |                       |            |
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|   |                                     |                    |                      |                       |                       |            |
|   |                                     |                    |                      |                       |                       |            |
|   |                                     |                    |                      |                       |                       |            |

Signature

Date

## Personal Data

| Please type or print all information            |   |                       |                                       |        |
|---|---|-----------------------|---------------------------------------|--------|
| Term of Entry Fall                              |   |                       |                                       |        |
| ☐ Mr. ☐ Ms. Last Name                           | (family/surname)                        | First Name            | Middle Name                           |        |
| Social Security Number                          |   | Date of Birth         | Citizenshi                            | р      |
| Current Address                                 |   |                       | Permanent Address or Other Add        | dress  |
|   |   |                       | -                                     |        |
| use this until                                  |   |                       | Parents' (or other permanent contact) | Phone  |
| Home Phone Number                               | Work Ph                                 | one Number            | Fax Number                            | E-mail |
| Ethnic Origin (optional) — U<br>☐ Black ☐ Asian | J.S. citizens only:<br>☐ American India | n □ Hispanic □ W      | /hite □ East Asian □ Other _          |        |
| Mother's Name                                   |   |                       |                                       |        |
| Occupation                                      |   | College(s) Attended/D | legrees                               |        |
| Still Living?                                   | Yes No                                  |                       |                                       |        |
| Father's Name                                   |   |                       |                                       |        |
| Occupation                                      |   | College(s) Attended/D | legrees                               |        |
| Still Living?                                   | Yes No                                  |                       |                                       |        |
| Spouse or Significant Other                     |   |                       |                                       |        |
| Occupation                                      |   | College(s) Attended/D | egrees                                |        |

(Personal data continued)

| (Has anyone in your family attended Colum              | bia University? If so, please | complete the fo  | ollowir | ıg:) |              |     |             |       |         |                      |
|--|-------------------------------|------------------|---------|------|--------------|-----|-------------|-------|---------|----------------------|
| Name   |                               |                  |         |      |              |     |             |       |         |                      |
| Relationship   |                               |                  |         |      |              |     |             |       |         |                      |
| Division of University                                 |                               |                  |         |      |              |     |             |       |         |                      |
| Degree Received  | Year                          |                  |         |      |              |     |             |       |         |                      |
| •  |                               |                  |         |      |              |     |             |       |         |                      |
|  |                               |                  |         |      |              |     |             |       |         |                      |
| Previous education, including Columbia.                |                               | CODE             | Τ       |      |              |     |             |       |         | HSPR or              |
| NAME OF INSTITUTION                                    | LOCATION                      | (leave<br>blank) | A'      | DAT: | ES OI<br>DAN | CE  | DEGI<br>DIP | REE O | )R<br>A | GA (leave<br>(blank) |
|  |                               |                  | FI      | ROM  | . 7          | ГО  |             |       |         |                      |
| Colleges   |                               |                  | Mo.     | Yr.  | Mo.          | Yr. | Degree      | Mo.   | Yr.     |                      |
|  |                               |                  |         |      |              |     |             |       |         |                      |
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|  |                               |                  |         |      |              |     |             |       |         |                      |
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| Graduate and Professional Schools                      |                               |                  |         |      |              |     |             |       |         |                      |
| Graduate and Frotessional Schools                      |                               |                  |         |      |              |     |             |       |         |                      |
| )  |                               |                  |         |      |              |     |             |       |         |                      |
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|  |                               |                  |         |      |              |     |             |       |         |                      |
|  |                               |                  |         |      |              |     |             |       |         |                      |
| I certify that all information given on this formation | n is complete and accurate.   |                  |         |      |              |     |             |       |         |                      |
| •  |                               |                  |         |      |              |     |             |       |         |                      |
| Date   | Signature                     |                  |         |      |              |     |             |       |         |                      |
|  |                               |                  |         |      |              |     |             |       |         |                      |

RECEIPT NUMBER

#### Columbia Business School Doctoral Program

Columbia University 3022 Broadway, Room 804 New York, NY 10027-6902

We are pleased to acknowledge receipt of your complete application for admission to the Columbia Business School and of your \$50 nonrefundable application fee.

Notification of final action on applications to doctoral candidacy are sent as soon as possible after the February 1 deadline. Questions concerning the admissions process should be addressed to this office.

Office of Doctoral Studies

# **Columbia Business School Doctoral Program** Columbia University 3022 Broadway, Room 804 New York, NY 10027-6902 Name \_\_\_\_

NOTE: *Please type or print. Return this card with your application to the* Columbia Business School, Doctoral Program, Columbia University, 3022 Broadway, Room 804, New York, NY 10027-6902

### Columbia Business School Ph.D. Program

## Summary Information

| Please Type or Print                  | se Type or Print Application for September |               |          |                   |              |    |  |  |
|---------------------------------------|--|---------------|----------|-------------------|--------------|----|--|--|
| ☐ Mr. ☐ Ms. ☐ Other _                 | U.S. Social Se                             | c. no. (if av | ailable) | :                 |              |    |  |  |
| Name                                  |  |               |          |                   |              |    |  |  |
| Mailing Address                       |  |               |          |                   |              |    |  |  |
|                                       |  | Telepho       | ne       |                   |              |    |  |  |
| Until what date may the               | above address be use                       | d?            |          |                   |              |    |  |  |
| Permanent address                     |  |               |          |                   |              |    |  |  |
| Citizenship                           | If not U.S.                                | , type of vi  | sa       |                   |              |    |  |  |
| Proposed major field of s             | tudy                                       |               |          |                   |              |    |  |  |
| Higher Educational Institu            | utions Attended                            | Degr          | ee       | Date              | Major        |    |  |  |
|                                       |  |               |          |                   |              |    |  |  |
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| Was any information (oth application? | er than test scores) se                    | ent to the D  | Ooctora  | l Office separate | ely from thi | is |  |  |
| ☐ Yes ☐ No If yes, pl                 | ease specify                               |               |          |                   |              |    |  |  |
| Date you submitted this a             |  |               |          |                   |              |    |  |  |
| Date you bubiiiited timb              | PLEASE DO NOT WI                           |               |          |                   |              |    |  |  |
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| Essay                                 | Final Action                               | Date _        |          | A                 | R            |    |  |  |