

Application

Certificate In Business Administration Program at UIC

Program Fee: \$8,400 per person (fee includes classroom education and training, individualized support throughout the program, all course materials and online course support)

Applicant Information (please type or print all information requested)

Name:

Last

First

Middle Name

Company Name:

Your Title:

Company Address:

City:

State:

Zip Code:

County:

Phone: ()

Ext.

Fax: ()

E-mail:

Web site:

Home Address:

City:

State:

Zip Code:

County:

Home Phone: ()

Home Fax: ()

Cell Phone: ()

Company Information

Founding or incorporation date of the company under current ownership: (mm/dd/yy) / /

Average Number of Employees:

Family Business: (circle)

Yes

No

Are you an owner? (circle)

Yes

No

% owned by you:

% owned by family members:

% by key managers:

% by others:

Sales Revenue: (circle)

\$1-499k

\$500-999k

\$1M-4.9M

\$5M-9.9M

\$10M-49.9M

\$50M+

Legal form of current business organization: (circle)

C Corporation

S Corporation

Partnership

Proprietorship

Other

Please list Trade Association memberships and Other Business Affiliations:

Additional Information:

Highest level of education attained (circle):

High School Graduate

Some College

College Degree

Some Graduate

Graduate Degree

Date of Birth: / /

Gender: Male Female

*Social Security Number:

Ethnic Origin: American Indian

Asian

African-American

Hispanic

White

Other

*Not mandatory. Used to assure identification and accuracy of educational records.

The University of Illinois is an affirmative action/equal opportunity institution.

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Briefly describe the company, its primary products and/or services and your responsibilities.

Please furnish us with your four-digit SIC Code:

Please take a few moments to describe why you need to develop a strategic growth and improvement plan (e.g., studying the feasibility of a new venture, introducing a new product, beginning to export, expanding distribution, controlling rapid growth, obtaining financing, etc.):

Does your company currently have a written plan: Yes No

Application Process

To apply for the program, complete and sign this application and mail with appropriate payment to:
UIC/Center for Enterprise Development, 1010 Jorie Blvd., Suite 108, Oak Brook, IL, 60523. You will be notified of your acceptance and invoiced for the balance of the fee. If you have any questions on the Program or the application process and payment, contact the Center for Enterprise Development at (630) 472-9300.

Payment

With your application, enclose your deposit of \$500, a check made payable to the Center for Enterprise Development, Inc.. You will be invoiced for the balance of the fee, \$7,900, upon acceptance into the Program. The balance of the fee is due upon receipt of the invoice. This Program is designed for advance preparation to begin with participants upon their acceptance into the Program, enrollment is also limited, therefore in order to ensure that your place is reserved, payment of full Program fees is required upon acceptance.

Credit Card Payments Accepted:

Charge to credit card: VISA Master Card American Express

Card #: _____ Expiration Date: _____ Amount: _____

Cardholder's Name: _____ (name as it appears on credit card)

Cardholder's Signature: _____

Cancellation Policy

(Due to the inherent costs associated with establishing and holding participant slots, the following cancellation charge schedule has been established:)

Cancellations from the Program in advance of 30 days before the classroom sessions begin, will be subject to a \$500 administrative fee and a 5% cancellation fee.

Cancellations from the Program within 30 days of the start of classroom sessions, will be subject to a \$500 administrative fee and a 10% cancellation fee.

Cancellations from the Program after the start and before the third weekend of the classroom sessions will be subject to a \$500 administrative fee and a 25% cancellation fee.

After the third weekend of the classroom sessions, if cancellation is requested, no portion of the fee will be refunded.

Signed: _____ **Date:** _____

In order to validate your application, this page must be signed and dated.