

Please fill out completely and return by July 15, 2005. Early decision deadline is May 15, 2005. Please attach additional page(s) as necessary.

# SDM Application ---- January 2006 Admission

## General Information

Full name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		
(Last / Family Name)	(First Name)	(M.I.)
Current Address: _____		
Date of Birth: _____		
Telephone (preferred): _____	Work: _____	
E-mail: _____	FAX: _____	
Citizen Of: _____		Permanent Resident Of: _____
US Social Security #: _____		How did you hear about the SDM Program? _____
Have you previously applied to MIT Graduate School? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)		
If yes, year and Department: _____		
Name of Current Company and Division: _____		
Which SDM program option are you applying to? (Please Check one) <input type="checkbox"/> Full-Time On-Campus <input type="checkbox"/> Distance Learning <input type="checkbox"/> Commuter		
Will you be: <input type="checkbox"/> Company-sponsored <input type="checkbox"/> Self-supporting		

## Ethnicity (optional)

<i>U.S. citizens and Permanent residents Only</i>	<input type="checkbox"/> African-American/Black	<input type="checkbox"/> Asian-American	<input type="checkbox"/> Other Hispanic
	<input type="checkbox"/> Afro-Caribbean	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Native American _____
	<input type="checkbox"/> African parentage	<input type="checkbox"/> Chicano/ Mexican-American	(Tribal affiliation)
	<input type="checkbox"/> Other _____ (specify origin)	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Other _____ (specify origin)

## Language Fluency

Native Language: _____	Other Languages: _____
TOEFL Score (if applicable): _____	Date of Test: _____

## Academic Summary

(Please have original transcripts from ALL previous post-secondary schools for any degree or non-degree student work sent to SDM)

School	Dates	Degree	Discipline

**Self-reported overall undergraduate GPA (scale 4.0 = A):** \_\_\_\_\_

**Self-reported GRE or GMAT scores and Test Date.** (The GRE or GMAT is REQUIRED for consideration for SDM.)

Please have official copy of scores sent to SDM – Program Code: 3537:

	Verbal (V)	Quantitative (Q)	Analytical (A)	Total	Test Date
<b>GRE</b>					
<b>GMAT</b>					

Please return by July 15, 2005, to:  
 System Design and Management Program  
 Massachusetts Institute of Technology  
 77 Massachusetts Avenue, Building E40-315  
 Cambridge, MA 02139-4307  
 Phone: 617.253.1055; Fax: 617.253.1462

Please fill out completely and return by July 15, 2005. Early decision deadline is May 15, 2005. Please attach additional page(s) as necessary.

**Applicant:** \_\_\_\_\_

**Background** (attach additional pages as necessary)

**1. Awards**

Please indicate dates and selection criteria for awards and honors you have received.

--

**2. Leadership**

List, in order of significance, leadership activities in which you have been involved.

Organization	Title and Responsibility	Dates

**3. Hobbies, interests, other activities**

We are interested in how you spend your leisure time. Please list your hobbies, activities, interests, and any significant related accomplishments.

--

**4. Employment**

The SDM program requires a detailed employment background including job titles and responsibilities.

*Please enclose your resume in addition to completing this section.*

<u>Name of Company</u>	<u>Title</u>	<u>Years Work Experience</u>

**From whom will we be receiving evaluations:**

**List Credentials**

1.	
2.	
3.	

Please return by July 15, 2005, to:  
 System Design and Management Program  
 Massachusetts Institute of Technology  
 77 Massachusetts Avenue, Building E40-315  
 Cambridge, MA 02139-4307  
 Phone: 617.253.1055; Fax: 617.253.1462

Please fill out completely and return by July 15, 2005. Early decision deadline is May 15, 2005. Please attach additional page(s) as necessary.

# Statement of Objectives (Please keep to 1-2 page/s)

**Applicant:** \_\_\_\_\_

Why do you wish to join the System Design and Management program?

How does this fit with your future plans?

Please return by July 15, 2005, to:  
System Design and Management Program  
Massachusetts Institute of Technology  
77 Massachusetts Avenue, Building E40-315  
Cambridge, MA 02139-4307  
Phone: 617.253.1055; Fax: 617.253.1462

Please fill out completely and return by July 15, 2005. Early decision deadline is May 15, 2005. Please attach additional page(s) as necessary.

# Evaluation

**Applicant:** \_\_\_\_\_

Please state your relationship to the applicant and how long you have known him/her.

Describe the general qualities of the candidate, and why you think they are a good match to the SDM Program.

Describe a specific quality of this candidate that sets him/her apart from other employees in your organization or other students you have mentored.

How do you assess this candidate's leadership skills? If possible, please describe a leadership situation in which you have witnessed the applicant.

Where do you see this applicant in five or ten years, relative to your organization?

What skills does the candidate need to improve upon, why?

General Comments:

**Evaluator Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Affiliation:** \_\_\_\_\_

Please return by July 15, 2005, to:  
System Design and Management Program  
Massachusetts Institute of Technology  
77 Massachusetts Avenue, Building E40-315  
Cambridge, MA 02139-4307  
Phone: 617.253.1055; Fax: 617.253.1462