

EXECUTIVE WOMEN LEADERS PROGRAM Application Form – January 2025

Participant Information

First Name

Last Name

Date of Birth

Gender

Male

Female

QID / Passport No

Email

Mobile

Nationality

Country Residence

Do we know you already?

Professional Experience

Current Job Title

Current Company Name

Company Country

Industry

Start Date

End Date

Total Years of Experience

Years of Mgmt. Exp. HR

HR Focal Point Name

Focal Point Email

Educational Information

Degree Name

University Name

Specialization

Years of Study

Degree Name 2

University Name 2

Specialization

Years of Study

If Company Sponsored

Name of Invoicing Contact

Email

Phone

Invoicing Address

Commercial Registration Number

Program Details

Program Name and tuition fees

Where did you find out about this program?

Others

Please attach your updated CV with this form and email it to qatar-admissions@hec.fr