



Wall Street International Finance Advanced Program

Application Form

Please answer all questions truthfully. The admission committees will make an overall assessment of the application form and other materials and select based on merit.

Basic Information

Legal Name : _____ English Name (If applicable) : _____

Last Name : _____ First Name : _____

Gender : _____ Passport Number : _____

Nationality : _____ Birth Date : _____

Job Position : _____ Department (If applicable) : _____

Company Name : _____ Company English Name (If applicable) : _____

Company Address : _____

Phone Number : _____ Email Address : _____

With valid American Visa (Yes/no) : _____

Emergency Contact :

Name : _____ Phone Number : _____

Email Address : _____

Company Background

Core Business: _____

Annual Revenue (Currency: RMB) : _____

Number of Employees : _____ Incorporation time : _____



Industry:

- | | | |
|---|---|---|
| <input type="checkbox"/> Agriculture, Forestry, Animal Husbandry, Fishery | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Energy |
| <input type="checkbox"/> Construction and Decoration | <input type="checkbox"/> Hotel and Catering | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Real estate industry |
| <input type="checkbox"/> Artificial intelligence | <input type="checkbox"/> Finance | <input type="checkbox"/> Education |
| <input type="checkbox"/> Leasing and business service | <input type="checkbox"/> Service industry | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> IT | <input type="checkbox"/> Other, please specify: _____ | |

Number of Subordinates : _____

Number of reporting levels above you (from the applicant himself up to the CEO of the parent company) : _____

Work Experience

Please list your past work experience in reverse order:

Company Name	Position	From (Month/Year)	To (Month/Year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education Background

Degree obtained :

- | | | |
|----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Bachelor | <input type="checkbox"/> Master |
| <input type="checkbox"/> MBA | <input type="checkbox"/> PHD | <input type="checkbox"/> Other |

School Name : _____ Year of Graduation : _____

Major : _____

Other Question

1. Please briefly describe your organization and current challenges.



2. Please briefly describe your current job responsibilities.

3. Please describe your aspirations and goals for this course.

4. From the program, the problems and directions that are most expected to be solved.

Relevant industry/management training received in the past:

Business School/Training Company Name	Program Name	Time

Please send the application form to :

Email Address : admission@gowallst.com

Phone : (+1) 929-928-8666 | (+86) 139-2329-9887

Website : <https://gowallst.com>