**To applicant:  
致申请人：**

A signed and chopped Sponsorship Letter issued by an authorized representative of your organization and submitted directly to the em**lyon**-BUPT GEMBA Program Admission Committee is required for all applicants, whether you are financially supported by your organization or self-sponsored. The letter is to confirm that your organization agrees you will need to be absent from work on class days for the program, while financial support is not required. Your organization understands that the 10-day France Study Trip halfway through the program forms a key part of the GEMBA curriculum and thus is mandatory. You should submit your Sponsorship Letter before confirming your enrollment.

无论您所在单位是否会为您支付全额或部分的学费，您单位的人事部或授权代表必须出具一份由其签字并盖章的单位同意函原件，并直接递交至里昂-北邮GEMBA项目招生录取委员会。单位同意函是为确认申请人所在单位同意申请人占用部分工作时间参加GEMBA课程的学习，同时认可项目期中的10天法国游学课程是GEMBA课程设置的重要组成部分且因此是必修的。单位为申请人提供学费赞助不是申请的必要条件。项目招生录取委员会需在您确认录取意向前收到您的单位同意函。

**The Applicant 申请人**: Name of Applicant 请输入申请人姓名   
**is currently employed by the Organization 就职于**: Name of Organization 请输入单位名称 ，  
**as 现任** Position of Applicant 请输入申请人职位。

The organization herein agrees that the applicant can be absent on the necessary working days to fulfill the emlyon-BUPT GEMBA program course requirements.   
本单位同意申请人申请法国里昂商学院-北京邮电大学GEMBA项目并占用部分工作时间完成项目的课程要求。  
  
Once the applicant is admitted, the total tuition fee of the applicant will be paid by  
申请人一经录取，其学费将由：

the organization 单位全额支付。

the applicant 申请人全额支付。

the organization and the applicant jointly 单位与申请人共同支付。

The organization will pay \_\_\_\_ % tuition for the applicant 单位支付比例为学费的\_\_\_\_%。

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| **Authorized Executive’s Signature 人事部/授权代表签字** |  | **Date 日期** |

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| --- | --- | --- | --- |
| Printed Name 姓名： | 请输入或正楷书写 | Title称谓： | Mr. 先生 Ms. 女士 |

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| --- | --- | --- | --- |
| Position 职位： | \_\_\_ | Dept. 部门： | \_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| Address 地址： | \_\_\_ | Postcode邮编： | \_\_\_ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tel. 电话: | \_\_\_ | Email 邮箱： | \_\_\_ | Fax 传真： | \_\_\_ |

Name of Organization 请输入单位名称

Stamped by the Office of Human Resources 单位人事部公章