

YOUR NAME
Street, Apt. X
City, State 00000
Tel: 000-000-0000
E-mail:

Education: **UNIVERSITY** New York, NY
BUSINESS SCHOOL NAME
Master of Business Administration, May 2008
Specialization in (up to 3 areas)

- Member, club
- Other school activities, awards, if applicable

UNDERGRADUATE SCHOOL City, State
Bachelor of (degree), Major, Month, Year of graduation

- Distinctions (i.e. *Cum Laude*) if applicable
- Awards if applicable
- Activities if applicable

Experience: **MOST RECENT COMPANY** City, State
Year-2004 **Job Title**

- Relevant Skill
- Relevant Skill
- Relevant Skill
- Relevant Skill
- Relevant Skill

Year-Year **Job Title (if at same company as above)**

- Relevant Skill
- Relevant Skill
- Relevant Skill
- Relevant Skill

Year-Year **PREVIOUS COMPANY** City, State
Job Title

- Relevant Skill
- Relevant Skill
- Relevant Skill
- Relevant Skill

Year-Year **PREVIOUS COMPANY** City, State
Job Title

- Relevant Skill
- Relevant Skill

Additional:

- For international students that are a Permanent US Resident, state here
- Languages (state level - fluent, proficient, basic)
- Organizations, Affiliations – if applicable
- Activities, interests