

APPLICATION FOR ENROLMENT

Course of studies:

MASTER OF ADVANCED STUDIES (MAS)

GLOBAL LEADERSHIP DEVELOPMENT PROGRAM

Name of applicant:.....

APPLICATION FOR ENROLMENT

Surname _____ Given name _____
Name at birth _____ Place of birth _____
Date of birth _____ Sex _____ Male(M) / Female(F)
Nationality _____

Postal address

Street _____ Supplement _____
Postal code _____ Town _____
Country _____ Telephone Number _____
Email _____
Health insurance: N = not subject to statutory insurance
B = exempted from statutory insurance
P = covered by statutory insurance

Details of university entrance qualifications

_____ Date _____
Type of qualification (general university entrance
qualification, eg. Secondary School, High School)
_____ Town _____ Country _____

Details about your study

Name of last course of studies (eg.: Bachelor of Arts, Bachelor of Commerce) _____
_____ Duration of study (years) No. of terms
Further examinations/ final examinations passed (eg. Bachelor, Master)

Professional experience

Number of years of professional experience after the first university degree _____ years

Current Employer with employment contract self employed

Company name _____

Industry experience

- Consulting FMCG/ Retail Real estate Hospitality/ Tourism/ Entertainment
 Investment/ Banking Health care Education Construction
 Government / Non -profit organization Energy Communication/ Marketing/ Media Manufacturing Others:
.....

Position / Function _____

Duration Employed since _____

Address _____

Telephone _____ Fax _____

Email _____

Previous Employer 1 with employment contract self employed

Company name _____

Industry experience

Consulting FMCG/ Retail Real estate Hospitality/ Tourism/ Entertainment

Investment/ Banking Health care Education Construction

Government / Non-profit organization Energy Communication/ Marketing/ Media Manufacturing Others:

Position / Function _____

Duration Employed since _____

Address _____

Telephone _____ Fax _____

Email _____

Previous Employer 2 with employment contract self employed

Company name _____

Industry experience

Consulting FMCG/ Retail Real estate Hospitality/ Tourism/ Entertainment

Investment/ Banking Health care Education Construction

Government / Non-profit organization Energy Communication/ Marketing/ Media Manufacturing Others:

Position / Function _____

Duration Employed since _____

Address _____

Telephone _____ Fax _____

Email _____

Previous Employer 3 with employment contract self employed

Company name _____

Industry experience

Consulting FMCG/ Retail Real estate Hospitality/ Tourism/ Entertainment

Investment/ Banking Health care Education Construction

Government / Non-profit organization Energy Communication/ Marketing/ Media Manufacturing Others:

Position / Function _____

Duration Employed since _____

Address _____

Telephone _____ Fax _____

Email _____

With my signature I explicitly confirm that:

1. I do not suffer from any disease, which might endanger the health of others
2. I have not been declared as incapacitated and am not in provisional tutelage.
3. False, erroneous, or incomplete statements can result in the enrolment being revoked.
4. I undertake to give immediate notification of any change of address.

Declaration

I herewith declare that the statements given by me in the application for enrolment are correct and complete.

Town

Date

Signature