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APPLICATION FOR MBA FINANCE (TOP-UP) ON THE BASIS OF PROFESSIONAL MEMBERSHIP DISTANCE-LEARNING STUDENTS

1. PROFESSIONAL MEMBERSHIP

Professional Title & Level (e.g ACCA, ICPAP, etc)

Date of Membership

Membership Number

2. PERSONAL INFORMATION

Full Name

Date of Birth

Nationality

Native Language

Other Languages

Marital Status

Title (Dr/Mr/Mrs/Ms)

3. CONTACT INFORMATION

Home Address

Town

Postcode

Country

Email

Home Phone No.

Mobile Phone No.

4. BUSINESS CONTACT & INFORMATION

Business Address	
Town	Postcode
Country	Email
Work Phone No.	Position

5. HAVE YOU BEEN REGISTERED AS A GBU STUDENT BEFORE?

YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, please provide your registration number
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6. DETAILS OF PRESENT MANAGERIAL DUTIES

7. PROFESSIONAL QUALIFICATIONS

- i. _____
- ii. _____
- iii. _____

8. WHERE DID YOU HEAR ABOUT THE MBA TOP-UP PROGRAMME?

9. PLEASE OUTLINE THE REASONS WHY YOU WISH TO PURSUE THIS PROGRAMME

10. ENGLISH LANGUAGE PROFICIENCY

If English is not your native language, it is required that you show sufficient command of the English language. Applicants are required to hold a GCSE in English language with at least "C", or TOEFL with at a score of at least 500, or equivalent.

11. REQUIRED DOCUMENTS (to be sent with the application form)

- High School Certificate
- College/University Degree
- CV
- Certificates/Diplomas/Awards
- Receipt of Payment for Application fee

12. REFERENCES

Please give the names and addresses of two persons, not related to you by family, who will act as your referees. The first referee should be your line manager and be able to support your application by actual knowledge of your responsibilities. If you are head of your firm, please name two business/professional associates. Please ask your TWO referees to send their References directly to us.

1st Referee Contact Information

Full Name

Profession	Company/Institution
Email	Tel. No.

2nd Referee Contact Information

Full Name

Profession	Company/Institution
Email	Tel. No.

13. DECLARATION

I hereby declare that the above information is correct.

Signed: _____

Date: _____

Please email your completed form to study@gbu-europe.eu

TERMS

GBU-Europe will hold my personal information will be retained by GBU-Europe for a reasonable amount of time and that my personal data will be used for a variety of purposes that GBU-Europe considers to be of benefit to students including (but not restricted to) monitoring academic performance, statistical reporting, awarding qualifications and provision of services. GBU-Europe will treat all information provided securely and in confidentiality. Further, I understand that the status of recognition of GBU-Europe diplomas/degrees may vary from country to country and that it is my sole responsibility to enquire about the recognition status of the diploma/degree for which I am applying. Further, I agree that, if for any reason it is proved in the future, either during the duration of my studies at GBU-Europe or after the completion of my studies, that the information with regards to the recognition of the said programme is proved to be mistaken and/or the information given to me by an authority or body was a result of negligence and/or omission, I will not have any claim against GBU-Europe. Finally, I declare that I was informed by GBU-Europe, prior my enrolment, that I am entitled to a 90% refund of my application fee within 30 days from my enrolment and that after the 30 days period is over, no refund will be available should I decide not to pursue the course.

RECOMMENDATION FORM

Important: We require two recommendation letters at masters level.
Add your full name in block capitals and give one to each of your two referees.

Full Name of Applicant

TO BE COMPLETED BY REFEREE

1. How long have you known the candidate?

From (Year) to (Year)

2. In what context do you know the candidate?

3. What do you consider their major talents or strengths?

4. What do you consider their major weaknesses?

5. Does the applicant show any evidence of career, personality or emotional problems? If so, please explain:

6. Please indicate how the applicant relates to the group in which you know him/her in:

a) Intellectual ability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Originality:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Managerial ability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Outstanding (Top 5%)	Very good (Top 15%)	Good (Top third)	Average (Middle third)	Poor (Bottom third)

Full Name

Signed: _____

Date: _____