	O	YPRUS INSTITUTE EMARKETING TO NUNQUAM ENDS		
TEL.+22778 APPLICA	Reg. British opean Office: I 475, FAX: +22 FION FORM	TE OF MA Virgin Islands P.O.BOX 25288 2779331, NICOS FOR ADMIS NING MBA P	5 5, 2308 51A – CYP 5 SION T (RUS D THE
RECENT PHOTO	SERIAL AI	FFICIAL USE (pplication App pplication Re easons:	roved	
STATE YOUR PROPOSED MBA PROGRAM THIS FORM SHOULD BE LEGIBLE FOR PHOTOCOPYING PLEASE USE BLOCK LETTERS THROUGHOUT 1. Full name: (Mr/Mrs/Miss/Dr) (Underline surname/main name)				
2. Date of birth:	3. Marital S No. of Ch		4. Na	tionality:
5. Private address:		6. Busine	ss addres	s:
Telephone: Email:		Telephone Email:		Fax:
7. I wish correspondence t	o be addresse	ed to:		
Private address		Busi	ness addre	ess
8. Name of business.	9. If your company is part of a parent group, state name and location:			
10. Present position:				
11. Details of present mark	eting duties:			

PLEASE ENSURE PHOTOCOPIES OF YOUR CREDENTIALS AND A NON REFUNDABLE APPLICATION FEE FOR STG 50 OR EURO 70 IS ENCLOSED.

12. Career information (prior to present post in chronological order)

	FROM	TO	NAME OF COMPANY	POST HELD
1.				
2.				
3.				
4.				

13. Academic qualifications:

	FROM	ŤO	NAME OF COLLEGE/UNIVERSITY	QUALIFICATION OBTAINED
1.				
2.				
3.				
4.				

14. Professional qualifications

Membership of Professional Bodies:

1. 2.

2. 3.

15. References. Please give the names and addresses of two persons, not relatives, who will act as your referees. The first referee should be your immediate superior and 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.**

1 st Referee	e: Name:
	Profession:
	Address:
2 ^{na} Refere	e: Name:
	Profession:
	Address:

16. If English is not your native tongue do you feel that you have sufficient command of the English language to pursue the course satisfactorily? Applicants are required to hold an "O" level in English language with at least "C" or TOEFL with at a score of at least 500.

17. How did you hear about the MBA program?

18. State Method & Study

Distance Learning (Home State)

Local Centre (give name & address)

.....

19. Outline in the space given below your reasons why you wish to pursue the MBA program.

l enclose a non	-refundable ar	plication fee for	STG 50 or EURO 70 in the form of (please tick)			
I hereby declare that all information given above is correct.						

Signature of Applicant: Date:

PLEASE ENSURE PHOTOCOPIES OF YOUR CREDENTIALS AND NON REFUNDABLE APPLICATION FEE ARE ENCLOSED.

The Cyprus Institute of Marketing LTD

Reg. British Virgin Islands

DO NOT TEAR OFF THIS PAGE

STRICTLY CONFIDENTIAL

IMPORTANT PLEASE MAKE TWO PHOTOCOPIES AND GIVE ONE TO EACH OF YOUR TWO REFEREES

Note to Candidate: Please enter your name below and send to your referee requesting that it be completed and forwarded DIRECTLY to European Office: P.O. Box 25288 NICOSIA,1308 –CYPRUS, TELEFAX. 00357-22779331

M.B.A MASTER IN BUSINESS ADMINISTRATION

REFEREE'S PERSONAL RECOMMENDATION

1. Name of Applicant (Block capitals)	t (Surna				Other name)	
2. How long have you known the candidate and in what connection?years.						
3. What do you cons	ider his/her ma	ajor talents o	r strengths?	?		
		•••••				
••••••		•••••		••••••		
••••••		•••••		••••••		
4. What do you cons						
		•••••				
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:						
b) Originality:						
c) Managerial ability:						
, , ,	Outstanding	Very good	Good	Average	Poor	
	(Top 5%)	(top15%)	(Top third)	(Middle third)	(Bottom third)	
Name & address	Sig	gnature	Da	ite		