

Why EBS London?

Outline your reasons for choosing EBS London 300-500 words (continue on a separate sheet)

Source

How did you hear about EBS London?

Careers Advisor	<input type="checkbox"/>	Internet Site	_____
UCAS	<input type="checkbox"/>	Current EBS London Student/Friends	_____ <input type="checkbox"/>
Former EBS London Student	<input type="checkbox"/>	Company/Organisation	_____ <input type="checkbox"/>
Parents/Family	<input type="checkbox"/>	EBS London Visit to my School	_____ <input type="checkbox"/>
Education Exhibition (please specify where)	_____		
Advertisement (please specify where)	_____		
Where else are you applying to?	_____		

References

(Students must provide two references in full with this form)

Personal/Professional/Academic Reference	Personal/Professional/Academic Reference
Name _____	Name _____
Address _____	Address _____
_____	_____

Please use the check boxes to ensure you have enclosed all the information we require:

Application Form	<input type="checkbox"/>	English Language Certificate	<input type="checkbox"/>
Examination Certificates	<input type="checkbox"/>	2 Passport-Sized Photographs	<input type="checkbox"/>
Two letters of Recommendation	<input type="checkbox"/>	Photocopy of Passport	<input type="checkbox"/>

To be signed by the applicant

I confirm that all the information on this form is correct to the best of my knowledge

Signature _____ Date _____ / _____ / 20 _____
day month year

The European Business School London is registered under the Data Protection Act 1984. Any information given on this form may be used for the purposes for which the School is registered, in accordance with the Act.



EUROPEAN BUSINESS SCHOOL LONDON

Please type/write clearly in block capitals and complete the form in full

Entry: September January 20_____

Postgraduate Degree-Seeking Student Visiting Study Abroad (1 Semester only)

Personal Details



Family (Last) Name _____

First Name (s) _____

Date of Birth _____

_____/_____/19_____
day month year

Country of Birth _____

Gender

Male Female

Nationality _____

Native Language _____

Address for Correspondence

Valid until ____/____/20_____

Tel no. _____

Fax no. _____

E-mail _____

Permanent Address

Tel no. _____

Fax no. _____

E-mail _____

Name & Address of Person/Organisation Responsible for Payment of Fees

Tel no. _____

Fax no. _____

E-mail _____

Medical Conditions

Please list any medical conditions or disabilities which may affect your studies e.g. dyslexia or physical disability.

To be Signed by the Person Responsible for Paying the Applicant's Fees:

I hereby declare that I am the Person to whom invoices for all fees should be addressed. I hereby undertake to fulfill all my financial obligations with respect to EBS London fee invoices as and when they become due for payment

Signature _____

Date ____/____/20_____
day month year

Certification enclosed

www.ebslondon.ac.uk/applyonline

