



Application Form for Postgraduate Studies MBA “Medical Devices & Healthcare Management”

Expected Start:

Completed by administration

receipt stamp

Please print in block letters

1. Personal information

Surname

Given (first) name

Completed by administration

Application number

Date of birth (dd.mm.yyyy)

Place of birth

Gender

M = male
F = female

Nationality

2. Address for correspondence (during studies)

Street & number

City

Postal code

Country

3. Telephone & E-mail

Country & area code

Number

Mobile number

E-mail-address

4. Current employer

Company name

Street & number

City

Postal code

Country

Country & area code

Number

Extension

5. Home address (permanent residence)

Street & number

City

ZIP code

Country

6. Secondary Education

i.e., A-levels, high school diploma

Graduation Date (dd.mm.yyyy)

Average Grade

7. First Degree

I studied at

Name of University

Course of studies

from

to

study completed

Y = yes

N = no

Left university at

(dd.mm.yyyy)

Second degree or graduate studies

I studied at

Name of University

Course of studies

from

to

study completed

Y = yes
N = no

Left university at

(dd.mm.yyyy)

Please attach a copy of all transcripts and diplomas!

DECLARATION

I hereby declare that all the information I have provided is complete and correct. I am aware that missing or incomplete information, whether deliberate or the result of negligence, may exclude me from the admissions procedure or – if it is not noticed until after I am accepted for the program – may lead to revocation of my admission.

Date (dd.mm.yyyy)

Signature

Please attach the following documents to your application:

CV with picture

Certificate of training qualification

Diploma of initial study

A-level diploma

References of working experience

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TOEFL test results
or equivalent

will be carried out by

Provider

Date

--

GMAT test results

will be carried out by

Provider

Date

Important notice:

- Only completely filled out applications, with all necessary documents attached and officially sealed, will be considered.
- No responsibility is taken for original certificates you sent us. Please attach copies of your original certificates and have them officially sealed i.e., by city hall. Please make sure that every single page of the certificate is sealed!
- Please enclose a complete and personally signed CV in chronological order to the application.
- The closing date for all applications is **July 15, 2023**. The application form must be complete to be considered

Completed by administration

Course of study started in : _____

Suspended: _____

Course of study finished at: _____

Postgraduate Studies MBA "Medical Devices & Healthcare Management" General information for the interview

Filled out by applicant and submitted together with application form

Surname

Given (first) name

Date of birth (dd.mm.yyyy)

Place of birth

Professional experience:

Company Name

Position/Function

Active Years

Prior to initial degree (internships, etc.):

After graduation from university:

Current occupation:

Time spent abroad (more than 4 weeks)

How did you get to know about our "MBA in Medical Device and Healthcare Management"?

Do you have a specific goal, regarding your professional career, i.e., receiving a promotion at your current workplace or applying for a new position? How do you think this study program will help you achieve it?

I hereby confirm the accuracy of all the statements I have made above.

Date

Signature