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Enrol: **By Post: Application form to:**
Admissions Department, Cathay Connections, PO Box 56375,
London UK, SE1 6WR

**Or Please fax all pages to +44(0) 207 357 6348
+44(0) 121 328 2375**

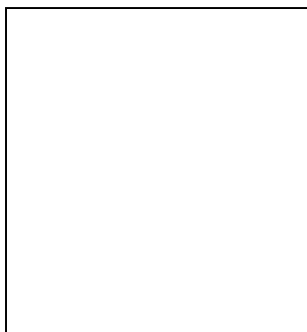
EBS – EUROPEAN BUSINESS SCHOOL - LONDON

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

Entry: September January 20_____

Foundation Course Undergraduate Postgraduate

Degree Seeking Student Visiting Study Abroad (1 or 2 Semesters only)



Personal Details

Family (Last) Name:

First Name(s):

Date of Birth: / /
Day Month Year

Country of Birth

Gender Male Female

Nationality

Native Language

Address for Correspondence

Valid until / / 20.....

Tel no:
Fax no:
E-mail:

Parents' / Guardians' / Permanent Address

.....
.....
.....
Tel no:
Fax no:
E-mail:

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

.....
.....
.....
Tel no:
Fax no:
E-mail:

Occupation(s) of Parents / Guardians

.....
.....
.....
Tel no:
Fax no:
E-mail:

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

Medical Conditions

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

Signature

Date / /
Day Month Year

.....
.....
.....

Certification Enclosed

Speaking

Please tick the box indicating your level of ability

English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Please Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Writing

Please tick the box indicating your level of ability

English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Please Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Degree Course

I wish to apply for the following programme:

B A (Hons)	Major	1st Language	2 nd Language (optional)
International Business	Economics	Chinese	Chinese
	Finance	French	French
	Law	German	German
	Human Resources Management	Russian	Russian
	Management (Entrepreneurship)	Japanese	Japanese
	Management (incl. HRM & Entrepreneurship)	Italian	Italian
	Marketing	Spanish	Spanish
	Undecided	Undecided	Undecided
No Major			
MA			
Entrepreneurial Management			
MSc			
Global Banking & Finance	<input type="checkbox"/>		

Work Experience & Positions of Responsibility

Date	Name of Organisation	Position Held
.....
.....
.....
.....

Additional Information (please list)

Countries in which you Have lived for more than 3 months	Scholarships / Awards / Recognitions of Excellence	Hobbies / Activities
.....
.....
.....

Why EBS London?

Outline your reasons for choosing EBS London (continue on a separate sheet, if necessary)

Source

How did you hear about EBS London ?

Careers Advisor	<input type="checkbox"/>	Internet Site _____	<input type="checkbox"/>
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 the references in full with this form)

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

DO you need an application form for on-campus accommodation Yes No

Please use the check boxes to ensure you have sent us 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"/>
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:** _____ / _____ / _____
Day Month Year

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