



# APPLICATION FORM POSTGRADUATE PROGRAMMES

## 1. Personal Information \*

Name:

Surname:

Passport Number:

Address:

City/Town:

Zip/Postal Code:

Country:

Telephone:

E-mail:

## 2. Parental or Guardian Information \*

Name:

Surname:

Telephone:

E-mail:

Name:

Surname:

Telephone:

E-mail:

## 3. Education

### 3.1 Degree

Certificate Name:

Issued by:

Course/Specialty:

### 3.2 Other degrees

Name of the Institution:

Degree:

Date of issuing:

### 3.3 English Certificate

IELTS:

TOEFL IBT:

SAT I:

Other:

## 4. Majors\*

Master of Business Administration (MBA)

International Hospitality and Tourism Management

## 5. Motivation

Please explain:



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1. Why do you want to study at VUM?
2. What are your best qualities?
3. Where did you hear about VUM first? – in an interview, on a website, google, by a representative, reference from a student, employer? If google, what words did you use in your search?
4. What advantage of VUM made you choose us?
5. What other universities and countries did you consider?





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## 6. Interview and exam\*

- |                                    |                                       |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> On campus | <input type="checkbox"/> Interview    |
| <input type="checkbox"/> Online    | <input type="checkbox"/> Written Exam |

**An important part of the application procedure is an online or a face-to-face interview with a VUM representative, which aims at understanding your motivation for studies, your education background and plans for the future.**

**Please contact us to arrange an appointment for a face-to-face interview on Fridays. Online interviews are arranged on Wednesdays.**

**Results** *(to be filled by the Admission Department):*

## 7. List of enclosed documents:

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> Copy of English Certificate | <input type="checkbox"/> Other: |
|--|---------------------------------|

## 8. MEDICAL RECORDS\*:

Do you have any diseases, illnesses or disabilities that need special treatment, diet, etc.?

## 9. Declaration\*

I confirm that the above stated information is true to the best of my knowledge.

Signature:

Date: