



APPLICATION FORM UNDERGRADUATE 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 Title:

Issued by:

Course/Specialty:

3.2 Other degrees

Name of the Institution:

Degree:

Date of issuing:

3.3 English Certificate

IELTS:

TOEFL:

SAT I:

Other:

4. Majors*

International Business Management

Business Administration (not applicable for September 2024)

Software Systems and Technologies

International Hospitality Management

Hospitality and Culinary Arts

Gastronomy and Culinary Arts

5. Application Information

I am applying by myself:	I am applying with the assistance of educational consultant:
Name of the consulting company:	
Name of the consultant:	
Email of the consultant:	

6. Professional experience (if applicable)

Dates (from – to):	Organization:
Role/Position:	
Dates (from – to):	Organization:
Role/Position:	

7. Motivation

Please describe in the field below your motivation to study at Varna University of Management and answer the following questions:

1. Why would you like to be a student of VUM?
2. What are your best qualities in your opinion?
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 other universities and countries did you consider for your studies?

8. Interview and exam*	
On campus	Interview
Online	Written exam
<p>An important part of the application procedure is an online or face to face interview with a VUM representative, which aims to understand your motivation for studies, your education background and plans for the future. Please contact us to arrange an appointment for an interview. You can meet a member of our staff for a face to face interview on Fridays, online interviews are arranged on Wednesday for applicants:</p>	
<p>Results (to be filled by the Admission Department):</p>	
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
Copy of Certificate	Other
9. MEDICAL RECORDS*:	
<p>Do you have any diseases, illnesses or disabilities that need special treatment, diet, etc.?</p>	
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
10. Declaration*	
<p>I confirm that the above stated information is true to the best of my knowledge.</p>	
Signature:	Date:
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>