



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*	
<input type="checkbox"/> Master of Business Administration (MBA)	
<input type="checkbox"/> International Tourism (IHTM)	
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. Motivation

Please explain:

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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7. 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):*

8. List of enclosed documents:

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

9. MEDICAL RECORDS*:

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

10. Declaration*

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

Signature:

Date: