

# APPLICATION FORM

## EXECUTIVE MASTER OF BUSINESS ADMINISTRATION (EMBA)

EMBA SERIES: 2018-2020

### PERSONAL PROFILE\*

☐ ☐ ☐

Mr. Mrs. Ms.

.....  
Last name

.....  
First name

.....  
Middle name

Date of birth:

 

Month

 

Day

 

Year

Place of birth: .....

Company: .....

.....  
If subsidiary, division or affiliate, please indicate parent company name

Title/Position held:	Mobile Phone:
Office address:	E-mail Address:
Telephone/Fax:	Home Address:

### EDUCATIONAL PROFILE

Name of Institution	Period of Attendance		Specialization	Degree
	From	To		

\* The information provided in the Application Form will be used only for the application procedure of IBAB, Executive MBA Program.

List your employment information below. Please begin with your current job.

<b>Company:</b>	<b>Title/Position Held:</b>
<b>Name and title of immediate supervisor:</b>	<b>Number of people you directly supervise:</b>
<b>Responsibilities:</b>	<b>Significant business or professional achievements, activities, awards:</b>

Please describe your most significant full-time positions *(or you can attach a curriculum vitae or a LinkedIn Profile)*

Dates		Organization	Title/Position	Primary Responsibilities
From	To			

**EMPLOYMENT PROFILE****Current industry**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Advertising                                 | <input type="checkbox"/> Consulting                     | <input type="checkbox"/> IT                         |
| <input type="checkbox"/> Aerospace/Automotive/Transportation         | <input type="checkbox"/> Education and Training         | <input type="checkbox"/> Legal Services             |
| <input type="checkbox"/> Agriculture, Food and Beverage              | <input type="checkbox"/> Electronics and Communications | <input type="checkbox"/> Pharmaceuticals            |
| <input type="checkbox"/> Banking, Insurance and Financial Statements | <input type="checkbox"/> Energy and Utilities           | <input type="checkbox"/> Retailing and Distribution |
| <input type="checkbox"/> Chemicals                                   | <input type="checkbox"/> FMCG                           | <input type="checkbox"/> Other .....                |
| <input type="checkbox"/> Construction and Real Estate                | <input type="checkbox"/> Food Service/Lodging           | (please specify)                                    |

**EMPLOYMENT PROFILE****List specific areas of expertise: .....**

Please indicate, by putting an „X” in the appropriate box, the amount of prior experience and familiarity you have with each of the following areas or activities:

	<b>LOW</b>	<b>STRONG</b>	<b>MEDIUM</b>
General Management:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accounting and Control:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finance and Analysis:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Resource Management:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Production or Operations:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Technology:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Expertise: ..... (please describe)			

**Income Range (for statistical purpose only)**

Up to 1500 Euro net/month	
1500 - 3000 Euro net/month	
3000 - 5000 Euro net/month	
5000 Euro net/month	

## ENDORISING STATEMENT

This nomination affirms our organization commitment and support of our candidate participation in the Executive MBA Program at The Institute for Business Administration in Bucharest (IBAB). We understand that this commitment includes participation in the Residence Sessions and on alternating Fridays and Saturdays according to the class schedule.

.....

**Name and signature**

## APPLICANT CERTIFICATION

I hereby apply for admission in the Executive MBA Program at The Institute for Business Administration in Bucharest (IBAB) offered in cooperation with Kennesaw State University, Atlanta.

I certify that to the best of my knowledge, all of the above statements are correct and complete.

.....

**Signature**



# Master of Business Administration

## APPLICATION FORM

**Name of the Applicant:** \_\_\_\_\_

### Personal Information

Company name \_\_\_\_\_

Industry \_\_\_\_\_

Direct telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Company website \_\_\_\_\_

E-mail \_\_\_\_\_

Name, title and position of the  
person to whom you report directly \_\_\_\_\_

No. of employees \_\_\_\_\_

Your present position \_\_\_\_\_

Your function

☐ General Management

☐ Operations

☐ Human Resources Management

☐ IT

☐ Other: \_\_\_\_\_

☐ Marketing & Sales

☐ Finance

☐ Research & Development

☐ Consulting

Level of managerial responsibility ☐ Expert ☐ Junior ☐ Middle ☐ Senior ☐ Top

Main area of expertise \_\_\_\_\_

No. of persons supervised \_\_\_\_\_

Provide a short description of your current role and responsibilities \_\_\_\_\_



## EMPLOYMENT HISTORY

Describe your previous full-time positions:

Company	Dates	Position held

Years of work experience in total

Date	Place	Signature:
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## EDUCATION

Mention the academic institutions you have finished

Institution	Program Attended	Year of Graduation

Highest degree obtained

## TRAINING

List professional training undergone so far

Program title	Duration	Year

Languages (working knowledge and higher-level)

This form should be completed in full, by the applicant, and in English.

A working knowledge of English and at least 2 years relevant professional experience are the minimum requirements for application to the program.

**Please send the completed Application Form together with the electronic photo to:  
ASEBUSS – The Institute for Business Administration in Bucharest**

Calea Griviței 8-10, 8th floor, district 1, Bucharest, Romania, postal code 010731

Tel: (+40) 0213196440-41

Fax: (+40) 213125934

E-mail: mba@asebuss.ro, bianca@asebuss.ro