



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