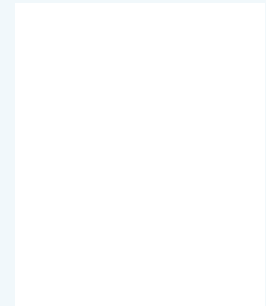


MBA

MASTER IN BUSINESS ADMINISTRATION:
A PART-TIME PROGRAMME

5TH EDITION

2018 / 2020 - ROME



ID PHOTO

Personal Data

FIRST NAME

LAST NAME

DATE OF BIRTH (DD/MM/YYYY)

PLACE OF BIRTH

PASSPORT NUMBER / TAX CODE / C.F.

NATIONALITY

ADDRESS

CITY

POSTAL CODE

PHONE

MOBILE PHONE

E-MAIL

Current Employer

COMPANY NAME

FIELD OF ACTIVITY

ADDRESS

CITY

POSTAL CODE

SUPERVISOR'S NAME

SUPERVISOR'S POSITION

PHONE

FAX

E-MAIL

I DO NOT AUTHORISE THE MBA STAFF TO CONTACT MY CURRENT EMPLOYER

Tests

TOEFL	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	DATE	TOTAL SCORE
IELTS	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	DATE	TOTAL SCORE
GMAT	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	DATE	TOTAL SCORE
GRE	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	DATE	TOTAL SCORE

What are your personal interests and professional objectives?

Please tell us about a professional situation affected by a personal weakness.

In terms of professional development, what are your expectations from the Part-Time MBA programme?

Please describe your significant stays abroad (of at least 3 consecutive months).

How did you hear about our programme?

<input type="checkbox"/> WEBSITE	<input type="checkbox"/> SEARCH ENGINE	<input type="checkbox"/> DIRECT EMAIL
<input type="checkbox"/> ONLINE PORTAL OR GUIDE	<input type="checkbox"/> SOCIAL NETWORK	<input type="checkbox"/> PRESS
<input type="checkbox"/> FAIR (INDICATE THE CITY)	<input type="checkbox"/> FRIENDS/COLLEAGUES	<input type="checkbox"/> OTHER

References

NAME	EMAIL
POSITION	
ORGANISATION	
NAME	EMAIL
POSITION	
ORGANISATION	

APPLICATION FEE:

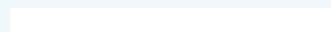
Bank Transfer should be made payable to: LUISS Guido Carli - Divisione LUISS Business School
BANK: Unicredit Banca di Roma
IBAN: IT17 H020 0805 0770 0040 0000 917
SWIFT: UNICRITM1C27

*Please indicate your name and the name of the chosen programme in the subject of the bank transfer.

SIGNATURE	DATE
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PLEASE FILL OUT IN CASE YOU ARE BEING SPONSORED BY A COMPANY.

COMPANY NAME	
CONTACT PERSON	EMAIL
SIGNATURE	DATE
STAMP	



CONTACTS

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