



### MBA APPLICATION FORM

#### Instructions

Please be complete and precise when you fill out this form. Send it together with the supplementary materials to:

MSM Romania Putul lui Zamfir 36 011684 Bucharest ROMANIA

Tel: +40 21 310 12 48 Fax: +40 21 317 10 79 Email: info@msmro.org

All fields must be completed and do not forget to sign & date this form.

Use the English language only.

Please provide the following supplementary materials with the completed application form:

- Application deposit in the amount of 100 Euros
- Certified copies of diploma's, with certified English translation;
- Certified copies of academic transcript/grade list. These transcripts have to be embossed with the issuing school's seal, with certified English translation;
- Two filled in and signed Referee Report forms, with attached two recommendation letters;
- Proof of working experience (letter on letterhead paper by the employer);
- Test of English as a Foreign Language (TOEFL) score or IELTS score. Required if your native or predominant language is not English;
- Official GMAT scores are recommended;
- A personal resume/ curriculum vitae in English;
- Statement of financial support. If your studies will be sponsored, you should submit a statement of financial support from the sponsor. If you are self-supporting you should submit proof of Financial Support for the amount of the tuition fee and for the living expenses during the program (bank statement).





# 1. Program Location: Bucharest, Romania

Starting in	(month & year)		
2. Personal			
☐ Mr. ☐ Ms. ☐ Mrs	<b>3</b> .		
Family name			
First name			
Middle name			
Home address (no. + s	treet)		
	F		
Country			
Home telephone (count	ry code, area code, nu	umber)	
Home fax (country code	e, area code, number)		
Mobile phone (country	code, number)		
Personal e-mail			
Date of Birth (day/ mon	th/ year)	Place of Birth	
Nationality			
Preferred address for fu	urther correspondence:	: Home address Business add	ress
No. years full-time work	experience		
3. Data needed for vis	a application		
Specify:	al ID Passpoi	rt	
Passport / ID number_			
Place of issue			
Date of issue (day/ mor	nth/ year)	Date of expiration	
4. Emergency contact	data		
Person to be notified			
Type of relation			
-	Postal code	•	
Mobile phone (country	code, number)		
E-mail			





5. Educational background		
Highest qualification	☐ PhD degree	
	☐ Master degree	
	☐ Bachelor degree	
	☐ College degree	
	Other	
List any academic distinctions	honors or scholarships received	
_		ms you attended (most recent first
	e/Universityfinish date	
Start date Degree/diploma obtained?	Yes, degree	
Degree/diploma obtained:	Yes, diploma	
	☐ No	
Major/ Specialization:		
	e/University	
Start date		
Degree/diploma obtained?	Yes, degree	
	Yes, diploma	
	☐ No	
Major/ Specialization:		
3. Name of Educational institu	e/University	
Start date	finish date	
Degree/diploma obtained?	Yes, degree	
	Yes, diploma	
	☐ No	
Major/ Specialization:		





# 6. Professional background

Current employer				
Name of organization/ comp	any			
Type of organization	Government	Government		
	☐ Semi-government			
	☐ NGO (☐ Romanian or ☐ Foreign)			
	☐ Private company			
Business address				
City	Postal code Country			
Business telephone (country	/ code, area code, number)			
Business fax (country code,	area code, number)			
Business mobile (country co	ode, number)			
Business E-mail				
Current position/job in this position since? (month/ year)				
Description of duties and res	sponsibilities			
Previous employers				
	mpany			
	finish date			
Description of duties and res	sponsibilities			
2 Name of organization/ col	mpany			
	mpany			
Start date	finish date			
Description of duties and res				
Decempation of dualice and rec				
Professional Society member	erships:			





## 7. Referee Report forms/ Recommendations

Two Referee Report forms should accompany this application, together with two letters of recommendation (on official, company letterhead) from individuals who can evaluate your professional experience and judge your likelihood of success in this program, for example your current/ previous employers.

Names and positions of the persons who have submitted the Referee Report forms:			
8. Areas of Management			
Indicate your relative degree of kn	owledge in	the areas	s listed below:
	Basic	Good	Excellent
Accounting			
Business Law			
Business Ethics			
Economics			
Finance			
International Business			
Management Information Systems			
Marketing			
Mathematics			
Operations			
Organizational behavior			
Research Skills			
Statistics			
Strategy			
GMAT taken	☐ Yes		
	☐ No		
If yes, on what date?			
What was your score?			





9. Proficiency in English			
Indicate your degree of knowledge	e of the Eng	ılish language	e:
	Basic	Good	Excellent
Oral			
Written			
English Language test taken:	□ ТОЕ	FL   IEI	LTS
If yes, on what date?			
What was your score?			
Other English language test taker	1		
Result			
10. What are your professional/	learning o	bjectives for	this study?
List your most important expectati	ions regardi	ng this study	?
What other information would you	like to add,	that would a	id the Admission Committee?
11. Who recommended you to t	his prograr	n?	
Please indicate how you heard ab	oout the prog	gram	
	Relat	ive	
	☐ Intern	net	
	☐ Adve	rtisement in:	





#### 12. Statement

I hereby certify that the information given in this application form is complete and accurate to the best of my knowledge. I permit the Maastricht School of Management or its agents to use all means reasonable to verify the information I have provided in this application.

Signature of applicant	Place & Date





Sponsorship statement	
Name:	
Country:	
My application is financially supported	ed by
☐ Myself	
☐ My employer	
☐ My government	
☐ A fellowship	
☐ Other	
Name of sponsor	
Address	
City	Postal code
Country	
Telephone (country code, area cod	de, number) _
Fax (country code, area code, nun	nber)
E-mail	
Period of support, from	until
Total amount of sponsorship: USD/E	EUR
Sponsorship includes expenses for	☐ Tuition fee & study materials
	☐ International travel
	☐ Laptop computer
	☐ Board and Lodging
	☐ Medical insurance
	☐ Allowance during the program
	( \$/€ per month)
	Others:
Signature of sponsor	Place & Date
Official stamp	