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CYPRUS INSTITUTE
of **MARKETING**

LTD. | REG. BRITISH VIRGIN ISLANDS

THE GLOBAL BUSINESS UNIVERSITY

**APPLICATION FOR MBA FINANCE (TOP-UP)
ON THE BASIS OF ICPAP MEMBERSHIP
DISTANCE-LEARNING STUDENTS**

1. ICPAP MEMBERSHIP:

Date of Membership:	
Membership Number:	

2. PERSONAL INFORMATION:

Full Name:	
Date of Birth:	Nationality:
Native Language:	Other Languages:
Marital Status:	Title (Dr/Mr/Mrs/Ms):

3. CONTACT INFORMATION:

Home Address:	
Town:	Postcode:
Country:	E-mail:
Home Phone No.:	Mobile Phone No.:

4. BUSINESS CONTACT & INFORMATION:

Business Address:	
Town:	Postcode:
Country:	Email:
Work Phone No.:	Position:

5. HAVE YOU BEEN REGISTERED AS A CIM (BVI) STUDENT BEFORE? YES/ NO

If YES, please provide your registration number:

6. DETAILS OF PRESENT MANAGERIAL DUTIES:

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7. PROFESSIONAL QUALIFICATIONS:

- i.
- ii.
- iii.

8. ENGLISH LANGUAGE PROFICIENCY

If English is not your native language, it is required that you show sufficient command of the English language. Applicants are required to hold a GCSE in English language with at least "C", or TOEFL with at a score of at least 500, or equivalent.

9. REFERENCES:

Please give the names and addresses of two persons, not related to you by family, who will act as your referees. The first referee should be your line manager and be able to support your application by actual knowledge of your responsibilities. If you are head of your firm, please name two business/professional associates. Please ask your TWO referees to send their References directly to us.

1ST REFEREE CONTACT INFORMATION:

Full Name:	
Profession:	Company/Institution:
Email:	Tel. No.

2ND REFEREE CONTACT INFORMATION:

Full Name:	
Profession:	Company/Institution:
Email:	Tel. No.

10. WHERE DID YOU HEAR ABOUT THE MBA TOP-UP PROGRAMME?

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11. PLEASE OUTLINE THE REASONS WHY YOU WISH TO PURSUE THIS PROGRAMME

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12. DECLARATION:

I hereby declare that the information submitted on this application is true to the best of my knowledge. Further, that CIM (BVI) will hold my personal information will be retained by CIM (BVI) for a reasonable amount of time and that my personal data will be used for a variety of purposes that CIM (BVI) considers to be of benefit to students including (but not restricted to) monitoring academic performance, statistical reporting, awarding qualifications and provision of services. CIM (BVI) will treat all information provided securely and in confidentiality.

Further, I understand that the status of recognition of CIM (BVI) diplomas/degrees may vary from country to country and that it is my sole responsibility to enquire about the recognition status of the diploma/degree for which I am applying.

Further, I agree that, if for any reason it is proved in the future, either during the duration of my studies at CIM (BVI) or after the completion of my studies, that the information with regards to the recognition of the said programme is proved to be mistaken and/or the information given to me by an authority or body was a result of negligence and/or omission, I will not have any claim against CIM (BVI).

Finally, I declare that I was informed by CIM (BVI), prior my enrolment, that I am entitled to a 90% refund of my application fee within 30 days from my enrolment and that after the 30 days period is over, no refund will be available should I decide not to pursue the course.

By accepting the above terms and conditions, I understand that I form a legally binding agreement.

Signed: Date:

Please email your completed form to: **info@cimabvi.com**

All applications must be accompanied by: a) School Leaving Certificate, b) Identification Card or Birth Certificate, c) Certificates accompanied by Transcripts, d) Updated Resume/C.V., e) TWO reference letters, f) English Language Certificate (where applicable), AND g) Receipt of Application fee.

The Admissions Office will not assess applications without receipt of the Application fee.

*See fee structure for more information.

The cost of the Examination Centre (invigilation/courier etc.) is borne by the individual student.

OFFICIAL USE ONLY:

Admissions Office Result: Signed:

Academic Year:

Application Fee:



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RECOMMENDATION FORM

IMPORTANT NOTE: PLEASE MAKE **TWO** COPIES OF THIS FORM. ADD YOUR FULL NAME IN BLOCK CAPITALS AND GIVE ONE TO EACH OF YOUR TWO REFEREES. THIS FORM SHOULD BE SUBMITTED DIRECTLY FROM YOUR REFEREES BY EMAIL TO: **info@cimabvi.com**

Full Name of applicant:

1. How long have you known the candidate?

From (Year) To (Year)

2. In what context do you know the candidate?

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3. What do you consider his/her major talents or strengths?

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4. What do you consider his/her major weaknesses?

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5. Does the applicant show any evidence of career, personality or emotional problems? If so, please explain:

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6. Please indicate how the applicant relates to the group in which you know him/her in:

a) Intellectual ability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Originality:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Managerial ability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Outstanding (Top 5%)	Very good (top15%)	Good (Top third)	Average (Middle third)	Poor (Bottom third)

Full Name:

Signed: Date: