



**CYPRUS INSTITUTE**  
*of* **MARKETING**  
 LTD. | REG. BRITISH VIRGIN ISLANDS  


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**THE GLOBAL BUSINESS UNIVERSITY**

**APPLICATION FORM FOR ACADEMIC EXCELLENCE  
 SCHOLARSHIPS (10%-30%)  
 DISTANCE-LEARNING STUDENTS**

**1. PROPOSED COURSE OF STUDY:**

Name of Course:
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**2. PERSONAL INFORMATION:**

Full Name:	
Date of Birth:	Nationality:
Native Language:	Other Languages:

**3. CONTACT INFORMATION:**

Home Address:	
Town:	Postcode:
Country:	Email:
Home Phone No.:	Mobile Phone No.:

**3. BUSINESS CONTACT & INFORMATION:**

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

**4. HAVE YOU EVER BEEN REGISTERED AS A CIM (BVI) STUDENT? YES/ NO**

If YES, please provide your registration number: .....

5. In the space given below, outline the reasons why you consider yourself a strong candidate for a partial scholarship on Academic Excellence grounds.

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6. WHERE DID YOU HEAR ABOUT THE PROGRAMME?

.....

.....

7. 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 a score of at least 500, or equivalent.

8. REFERENCES

Please give the names and addresses of two persons, not relatives, who will act as your referees. The first referee should be your immediate superior and 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.

**9. DECLARATION:** I hereby declare that the above information is correct.

Signed: ..... Date: .....

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

**Terms:**

Academic Excellence Scholarships (10-30%) cover ONLY the programme fees and are of only ONE YEAR duration. Undergraduate students are eligible to have their scholarship renewed (upon review of their performance). For PG students, Academic Excellence scholarships cover the programme fees for the entire programme and are not renewable. Academic Excellence scholarships cover only the programme fees; all other fees (such as examination fees) must be borne by the student. Applications for scholarships must be made together with the application form and in any case within TWO WEEKS of sending the application form. To be eligible for consideration, a candidate must pay the application fee. This fee is non-refundable. All other fees, including application fee, must be fully paid.

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***OFFICIAL USE ONLY:***

*Admissions Office Result:* ..... *Signed:* .....

*Academic Year:* ..... *Application Fee:* .....



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## RECOMMENDATION FORM

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

Full Name of applicant:

TO BE COMPLETED BY REFEREE

**1. How long have you known the candidate?**

From (Year) ..... To (Year) .....

**2. In what context do you know the candidate?**

.....

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

.....  
.....  
.....

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

.....  
.....  
.....

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

.....  
.....  
.....

**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: .....

PLEASE SEND BY E-MAIL TO **info@cimabvi.com**