



# APPLICATION FORM

## MASTER OF BUSINESS ADMINISTRATION (MBA)

### APPLICATION FOR ADMISSION TO THE MAASTRICHT SCHOOL OF MANAGEMENT MBA OUTREACH PROGRAMME In Kuwait,

### IN CO-OPERATION WITH Kuwait – Maastricht Business School

All SECTIONS in this application form must be completed to be considered for admission

For administrative use only:	INTAKE	<input type="text"/>	ACADEMIC YEAR	<input type="text"/>
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## SECTION ONE

### PERSONAL INFORMATION

Mr.    Mrs.    Ms.    Dr.    Eng.

First Name \_\_\_\_\_ Middle Name(s) \_\_\_\_\_ Last Name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Telephone: \_\_\_\_\_ Residence: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: Personal \_\_\_\_\_ Business \_\_\_\_\_

Date of Birth: Day/Month/Year \_\_\_\_\_ Place of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Civil ID No. \_\_\_\_\_ Passport No. \_\_\_\_\_  
(If Civil ID not available)



### EMERGENCY INFORMATION

Person to be notified in case of emergency \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone: \_\_\_\_\_ Residence: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home address of the person to be notified  
\_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

### MEDICAL HISTORY

(Please tick the appropriate box)

Do you have any medical problems that you feel KMBS should be aware of?

- No.
- Yes, please specify \_\_\_\_\_

### SCHOLARSHIP/SPONSORSHIP

(Please tick the appropriate box)

Is your study at KMBS going to be sponsored?

- No.
- Yes, Name of sponsor \_\_\_\_\_

### WHO RECOMMENDED YOU FOR THIS PROGRAMME?

Please indicate how you heard about our programme.

<input type="checkbox"/> Friends <input type="checkbox"/> Family <input type="checkbox"/> Colleagues <input type="checkbox"/> Brochures & Flyers <input type="checkbox"/> Internet (website) <input type="checkbox"/> Newspaper  <input type="checkbox"/> Others, please specify: _____
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### PROFICIENCY IN ENGLISH & MATH

	DATE	TYPE	SCORE	TAKEN AT
<b>TOEFL</b>				
<b>IELTS</b>				
<b>GMAT</b>				
<b>For Administrative use only:</b>				
	DATE	TYPE	SCORE	COMMENTS
<b>MPT</b>				
<b>INTERVIEW</b>				





### SECTION THREE

#### PRESENT EMPLOYER

Name of Company/Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Date employed: \_\_\_\_\_ Present position \_\_\_\_\_  
(Month/Year) (Title)

Brief Description of Duties  
\_\_\_\_\_  
\_\_\_\_\_

#### PAST EMPLOYER (S)

List all other positions held during the last 5 years (start with the most recent).

Company	Position	Dates employed (Start & end dates in month/year)
_____	_____	_____

Company	Position	Dates employed (Start & end dates in month/year)
_____	_____	_____

Company	Position	Dates employed (Start & end dates in month/year)
_____	_____	_____

<b>For administrative use only:</b>	<b>TOTAL YEARS OF EXPERIENCE</b>	<input type="text"/>
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### SECTION FOUR

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS FORM IS TRUE AND UP TO DATE. I AUTHORISE THIS INFORMATION TO BE USED BY KUWAIT MAASTRICHT BUSINESS SCHOOL AND MAASTRICHT SCHOOL OF MANAGEMENT ONLY FOR PURPOSES OF ADMISSION & PROGRAMME MANAGEMENT. (Please tick the box)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date