



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 _____

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: _____

PROFICIENCY IN ENGLISH & MATHS

	DATE	TYPE	SCORE	TAKEN AT
TOEFL				
IELTS				
GMAT				
For Administrative use only:				
	DATE	TYPE	SCORE	COMMENTS
EPT				
MPT				
INTERVIEW				



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)
_____	_____	_____

_____	_____	_____
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_____	_____	_____
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For Administrative use only: Total years of work experience

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

Kuwait – Maastricht Business School
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E-Mail: info@kmbs.edu.kw