

Application check list for the MBA at the IMB

When returning the application package to the IMB Institute of Management Berlin be sure to include the information below, because we cannot proceed incomplete applications:

- ✓ Completed and signed application form
- ✓ Curriculum Vitae (preferably *Europass* <http://europass.cedefop.europa.eu/>)
- ✓ Certified copy of the certificate of eligibility for college admission (for German candidates)
- ✓ Certified copy of the graduation certificate from your college or university
- ✓ Certified copies of certificates of occupational kind and duration
- ✓ Motivation letter with a statement of professional goals and plans
- ✓ Passport photo
- ✓ Copy of the certificate of proficiency in English (e.g. TOEFL, IELTS)
- ✓ Certificates which are neither in English nor in German must be translated into one of those two languages. In this case the translation must be formally certified and added in the original.

Please submit formally certified copies only and no original documents!

Please send the application package to the following address:

IMB Institute of Management Berlin
Berlin School of Economics and Law (BSEL)
Badensche Straße 50-51
D- 10825 Berlin
Germany

Application for the MBA in:

- European Management (Full-time)
- European-Asian Management (Full-time)
- Transatlantic Management (Full-time)
- International Management (Part-time)
- Entrepreneurship (Part-time)
- Change Management (Part-time)
- Health Care Management (Part-time)
- Pharmaceutical Management (Part-time)

Photo

1. Family Name	
2. First Name	
3. Nationality	
4. Gender	Male <input type="checkbox"/> / Female <input type="checkbox"/>
5. Date of Birth (day, month, year)	□□.□□.19□□
7. Place of Birth	
8. Address for Correspondence Postcode Country	
9. Telephone code and number	day: _____ evening: _____ Mobile: _____
10. Fax code and number	
11. E-mail address	
12. Have you applied to the BSEL before?	Yes <input type="checkbox"/> Date □□.□□.□□ No <input type="checkbox"/>
13. If yes, for which programme?	
14. Source of Contact How did you hear first about the MBA at the IMB/BSEL?	Internet <input type="checkbox"/> (which address)?: _____ Article/Advertisement <input type="checkbox"/> (which newspaper)?: _____ Fair <input type="checkbox"/> (where)?: _____ Social Network <input type="checkbox"/> (which)?: _____ other <input type="checkbox"/> details?: _____

15. Languages

First Language: _____

	Other Languages spoken/studied	Years spoken	Degree of Fluency	Certificates/Year obtained
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

16. Eligibility for college admission

certificate of eligibility A-Level (Abitur)
 Baccalaurinat
City and Country others

17. Education

Institution/University _____ City/Country _____

Major _____ Duration _____ Degree/ year of graduation _____
from _____ until _____

Institution/University _____ City/Country _____

Major _____ Duration _____ Degree/ year of graduation _____
from _____ until _____

Institution/University _____ City/Country _____

Major _____ Duration _____ Degree/ year of graduation _____
from _____ until _____

18. Employment / Professional Experience (start with the most recent)

How many months of professional employment do you have in total? _____

1. Company / City: _____

Position	Duration	Total months
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Main duties (please refer specifically to planning/organizing/controlling/budgeting and staff duties, personnel responsibilities, project and team responsibilities, independent client responsibilities, self-employment):

2. Company / City: _____

Position	Duration	Total months
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Main duties (please refer specifically to planning/organizing/controlling/budgeting and staff duties, personnel responsibilities, project and team responsibilities, independent client responsibilities, self-employment):

3. Company / City: _____

Position	Duration	Total months
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Main duties (please refer specifically to planning/organizing/controlling/budgeting and staff duties, personnel responsibilities, project and team responsibilities, independent client responsibilities, self-employment):

4. Company / City: _____

Position	Duration	Total months
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Main duties (please refer specifically to planning/organizing/controlling/budgeting and staff duties, personnel responsibilities, project and team responsibilities, independent client responsibilities, self-employment):

5. Company / City: _____

Position	Duration	Total months
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Main duties (please refer specifically to planning/organizing/controlling/budgeting and staff duties, personnel responsibilities, project and team responsibilities, independent client responsibilities, self-employment):

6. Company / City: _____

Position	Duration	Total months
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Main duties (please refer specifically to planning/organizing/controlling/budgeting and staff duties, personnel responsibilities, project and team responsibilities, independent client responsibilities, self-employment):

7. Company / City: _____

Position	Duration	Total months
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Main duties (please refer specifically to planning/organizing/controlling/budgeting and staff duties, personnel responsibilities, project and team responsibilities, independent client responsibilities, self-employment):

8. Company / City: _____

Position	Duration	Total months
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Main duties (please refer specifically to planning / organizing / controlling / budgeting and staff duties, personnel responsibilities, project and team responsibilities, independent client responsibilities, self-employment):

I certify that the information on this form is complete and accurate.

City, Date

Signature of applicant