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CYPRUS INSTITUTE
of **MARKETING**
 LTD. | REG. BRITISH VIRGIN ISLANDS
THE GLOBAL BUSINESS UNIVERSITY

APPLICATION FOR POSTGRADUATE PROGRAMMES
OVERSEAS CENTRE STUDENTS

1. PROPOSED COURSE OF STUDY (Please mark with an 'X' next to your choice):

- | | |
|--|---|
| <input type="checkbox"/> LL.M in Commercial Law | <input type="checkbox"/> MBA in Banking |
| <input type="checkbox"/> LL.M in European Law | <input type="checkbox"/> MBA in Business Administration |
| <input type="checkbox"/> LL.M in General Law | <input type="checkbox"/> MBA in Corporate Governance |
| <input type="checkbox"/> LL.M in International Law | <input type="checkbox"/> MBA in Digital Marketing |
| <input type="checkbox"/> MSc in Business Psychology | <input type="checkbox"/> MBA in Energy Management |
| <input type="checkbox"/> MSc in Fraud Auditing & Forensic Accounting | <input type="checkbox"/> MBA in European Studies |
| <input type="checkbox"/> MSc in Strategic Management | <input type="checkbox"/> MBA in Finance |
| <input type="checkbox"/> PG Diploma in Corporate Management & Strategic Planning | <input type="checkbox"/> MBA in Financial & Computer Management |
| <input type="checkbox"/> Executive MBA (EMBA) | <input type="checkbox"/> MBA in Financial Management & Investment |
| | <input type="checkbox"/> MBA in Global Corporate Strategies |
| | <input type="checkbox"/> MBA in Global Marketing Strategies |
| | <input type="checkbox"/> MBA in Health Units Management |
| | <input type="checkbox"/> MBA in Human Resource Management |
| | <input type="checkbox"/> MBA in Insurance |
| | <input type="checkbox"/> MBA in Islamic Banking & Finance |
| | <input type="checkbox"/> MBA in Logistics |
| | <input type="checkbox"/> MBA in Marketing Strategy |
| | <input type="checkbox"/> MBA in Project Management |
| | <input type="checkbox"/> MBA in Public Administration |
| | <input type="checkbox"/> MBA in Public Relations & Advertising |
| | <input type="checkbox"/> MBA in Shipping |
| | <input type="checkbox"/> MBA in Tourism Management |

**Each Programme has a minimum duration of one year*

2. PERSONAL INFORMATION:

Full Name:	
Date of Birth:	Nationality:
Native Language:	Other Languages:
Have you ever been registered as a CIM (BVI) student? YES / NO	
If YES, Please specify your former Registration No.:	

3. PROPOSED TUITION CENTRE:

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4. CONTACT INFORMATION:

Home Address (for dispatch purposes):	
Town/City:	Postcode (if applicable):
Country:	Mobile Phone No.:
E-mail:	

5. EDUCATIONAL BACKGROUND:

Secondary School details (below):	Higher Education details (below):
Name of Institution:	Name of Institution:
Duration of study:	Duration of study:
From: mm/yyyy/.....	From: mm/yyyy/.....
To: mm/yyyy/.....	To: mm/yyyy/.....
Grade awarded:	Grade awarded:

6. PROFESSIONAL QUALIFICATIONS (from Professional Awarding Bodies – i.e.: CIM, CIPD, CIPS, CIB, ACCA):

- i.
- ii.

7. CURRENT EMPLOYMENT DETAILS:

Title of Position:
Company/Institution Name:
Employment dates: From: mm/yyyy/..... To: mm/yyyy/.....
Brief description of duties:

8. REFERENCES:

Provide 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. Your referees should send their forms directly to us via email.

1st Referee Contact Information (Work)	2nd Referee Contact Information (Education)
Full Name:	Full Name:
Title of Position:	Title of Position:
Email:	Email:

9. Where did you hear about our programme?

10. Supporting documents

- a) Secondary School Certificate
- b) Copy of Identification Card (ID) or Passport
- c) Copies of Certificates accompanied by Transcripts
- d) If English is not your native language, it is required that you show sufficient command of the English language.
- e) C.V.
- f) TWO CIM (BVI) Completed Recommendation forms
- g) Receipt of payment of Application fee

Once completed, the application should be scanned and sent to maria.z@cimabvi.com. The Admissions Office will not assess applications without proof of payment of Application fee.

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

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 (applicant): Date:

OFFICIAL USE ONLY:

Received Date: Admin.: Processing Date: LOA: 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**. This form should only be completed by the referee.

Full Name of applicant:

1. How long have you known the candidate?

From (MM/YYYY)/.....
 To (MM/YYYY)/.....

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:**