

MASTERS in INTERNATIONAL MANAGEMENT APPLICATION FORM

This form is to be completed in TYPESCRIPT or in BLOCK LETTERS using BLACK ink. All questions MUST be answered. Where appropriate, write 'none' or 'not applicable'. DO NOT leave blanks. **All supporting documentation, including school transcripts, must be provided in English.**

Deadlines for submission: US & Mexican tracks: **10 June 2012**
French tracks: **10 August 2012**

Return the completed application form, together with the necessary supporting documentation and the appropriate application fee (€60.00) by **bank transfer**: **SOCIETE GENERALE, 2 place Royale, 51100 Reims, France**
account holder: IPBS-MIM - account n°: 01690 00150242175 90
BIC/SWIFT: SOGEFRPP - IBAN: FR76 30003 01690 00150242175 90
to : registration@ipbs-master.com

MASTERS in INTERNATIONAL MANAGEMENT

1. NAME (as you wish it to appear on all official University records):

_____ Surname _____ First Name(s)

2. SELECTION OF STUDY TRACK

First school

RMS (France) UDLAP (Mexico)

NU (USA)

Second school

DCU (Ireland) ESB (Germany)

UCSC (Italy)

prioritize TWO choices in EACH of the boxes above (1 = first choice, 2 = second choice)
The choices indicated above are final and do not give the candidate access to any other track of the MIM programme

3. WHERE DID YOU HEAR ABOUT THE MASTERS in INTERNATIONAL MANAGEMENT ?

If by Internet, which sites? _____

4. HAVE YOU PREVIOUSLY APPLIED OR STUDIED IN ONE OR MORE OF THE IPBS SCHOOLS / UNIVERSITIES ? Yes No

If yes, please tick accordingly and indicate your identification/university number from any previous application or school attendance, if available:

DCU, Dublin (Ireland) <input type="checkbox"/> ID number _____	RMS, Reims (France) <input type="checkbox"/> ID number _____
ESB, Reutlingen (Germany) <input type="checkbox"/> ID number _____	UCSC, Piacenza (Italy) <input type="checkbox"/> ID number _____
NU, Boston (USA) <input type="checkbox"/> ID number _____	UDLAP, Puebla (Mexico) <input type="checkbox"/> ID number _____

5. APPLICATIONS TO OTHER PROGRAMS: _____

6. OUTLINE OF INTEREST / MOTIVATIONS FOR APPLICATION

Please attach a **CV** and a **500 word letter of motivation**



16. PERIODS OF STUDY ABROAD

Country	From:	To:

17. OTHER ACADEMIC AWARDS / DISTINCTIONS / QUALIFICATIONS AND CONTINUING EDUCATION

LANGUAGE and OTHER COMPETENCY

18. ENGLISH LANGUAGE and OTHER COMPETENCY: *for non-native English speakers only. Applicants are reminded that all classes are taught in English and therefore require a good knowledge of the language. The TOEFL and TWE tests are mandatory to be eligible for application. Minimum TOEFL score: 220 (cbt) or 83 (ibt). The IELTS test is also accepted: minimum requirement is a 6.5 overall band score, with a minimum of 6.0 in each of the components. Native English speakers and non-native speakers who have graduated from an English language University are exempt from this requirement. The TOEIC is not accepted. (Please **attach a copy of the test results**)*

Examination	Date	Score
TOEFL (including TWE)		
IELTS		
Cambridge Proficiency Cambridge Advanced		
Other (please specify)		

PROFESSIONAL EXPERIENCE

19. Professional / industrial experience

*(Give full details, in chronological order, of all relevant professional and/or industrial/business experience obtained. If there is insufficient room, attach details on an additional sheet and enclose with application)
The work experience must be of a **minimum of 6 months** and a **maximum of 3 years**.*

Dates: (From-To)	Name & Address of employer	Post / Occupation	Reason for leaving



20. Other information deemed relevant to the application:

REFEREES

21. REFEREE CONTACT DETAILS

The registry will assume permission to contact referees unless an applicant has stated otherwise.

Please note that the recommendations must be sent by the referees themselves preferably by e-mail (scanned form to recommend@ipbs-master.com) or by post to: IPBS, BP 69, 94220 Charenton PDC1, France

Recommendation forms are available on-line: www.ipbs-master.com

Professional Referee

Academic referee

Name: _____

Name: _____

Position in organisation: _____

Position in organisation: _____

Address: _____

Address: _____

Tel. N°: _____

Tel. N°: _____

Permission to contact referee:

Yes No

Permission to contact referee:

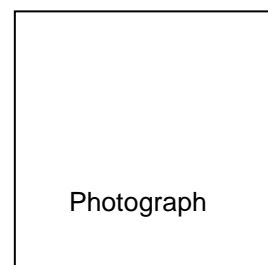
Yes No

DECLARATION

I certify that the information given above is correct and I hereby undertake, if admitted as a student member of the International Partnership of Business Schools (IPBS) observe and comply with all the regulations of the Universities in which I will study.

Signature of Applicant:

Date:



UNIVERSITÀ
CATTOLICA
del Sacro Cuore

