



ESMT EUROPEAN SCHOOL OF MANAGEMENT AND TECHNOLOGY

# APPLICATION FOR ADMISSION

Please take some time to complete both pages of the form by typing or printing legibly. The information will be used solely for program-specific purposes, monitoring class composition, participant profiles, ranking procedures, and statistical evaluations.

Thank you in advance for your kind cooperation. Please return this form per  
E-mail: [programs@esmt.org](mailto:programs@esmt.org)  
Fax: +49 30 212 31 3131

*\* mandatory fields*

## 1 PROGRAM

Title\* .....  
.....  
Dates\* .....  
.....

I'm interested in the ESMT Postgraduate Diploma and agree to be contacted by ESMT.

## 2 PARTICIPANT INFORMATION

Ms.  Mr. Academic title ..... Parent company\* .....  
First name(s)\* ..... E-mail (office)\* .....  
Last name\* ..... Website .....  
Company\* ..... (incl. legal name) ..... E-mail (private) .....  
Position\* ..... Phone .....  
Department\* ..... Mobile phone .....  
Street / no.\* ..... Date of birth .....  
ZIP / city\* ..... Nationality\* .....  
Country\* ..... VAT-ID\* .....

## 3 BILLING

Please send an invoice to:\*  office address (as above)  different address (below)

Company\* ..... (legal name) ..... ZIP / city\* .....  
 Ms.  Mr. Name\* ..... Country\* .....  
Department\* ..... E-mail .....  
Street / no.\* ..... VAT-ID\* .....

**4 CAREER PROFILE**

**Present area of responsibility** *Experience leading (years)* .....

Line    Staff    General Management   *Members who report directly to you (employees)* .....

*Total team size you are leading (employees)* .....

**Please specify your main / current responsibilities**  
.....  
.....  
.....

**Education**

*Degree or qualification* ..... *Dates (year–year)* ..... *Institution and location* .....

.....  
.....

**Summary of career history**

*Company name* ..... *Dates (year–year)* ..... *Job title* ..... *Industry sector* .....

.....  
.....

**5 YOUR PERSONAL OBJECTIVES FOR ENROLLING IN THIS PROGRAM \***

.....  
.....  
.....

**6 ADDITIONAL INFORMATION**

**Your supervisor / your HR contact**

Name .....  
E-mail .....  
Job title .....  
Phone .....

**I learned about this program from**

- ESMT website
- Internet search
- Social media
- E-mail
- Human Resource department
- Prior enrollment
- Recommended by .....  
*First name, Last name*
- Print ad
- Brochure / flyer
- Financial Times ranking
- Mailing
- Other .....

**7 CONSENT**

With a legally binding signature on the application form, the contracting partner accepts the terms and conditions, which can be found at [www.esmt.org/gtc](http://www.esmt.org/gtc). The contract results with the enrollment confirmation of the ESMT Admissions Team. Please also take note that the customer has the right to cancel, as defined in § 13 BGB [Bürgerliches Gesetzbuch – German Civil Code]. The Admissions Team would be happy to assist you with further inquiries regarding programs and the application procedure. Please call +49 30 212 31 3130.

.....  
*Location / date\** .....

.....  
*Signature (contracting partner)\* / Name in block letters\** .....

.....  
*Company stamp\** .....