

Doctorate in Business Administration (DBA) Program Application Form

Spring

Fall

Year _____

1. Personal information and contact details

First Name: _____ Middle Name: _____ Family Name: _____

Male Female Mr./Mrs./Ms.: _____ Email: _____

Date and Place of Birth: _____

Mailing Address: _____ Post Code _____

City & Country: _____

Telephone: _____ Passport Number: _____

Mobile Number: _____ Nationality: _____

Please submit a digital passport style portrait photograph with your file

Business card

2. Education (List the highest degree or qualification obtained)

Degree or qualification	obtained(year)	by (Institution and location)
_____	_____	_____
_____	_____	_____

3. English level

Mother tongue	Excellent	Good	Fair
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If applicable, please indicate the score obtained in the following English test

TOEFL /score: _____ TOEIC/score: _____ IELTS/score: _____

4. Work Experience (Successful applications need a minimal of 5 years post master working experience, or equivalent. Please mention your most recent positions starting with the current one)

Company name	Industry sector	Position	Dates (Month-Year to Month-Year)

5. Name and address for invoices Tick if same as contact details

Please indicate in whose name the invoice for the program fees should be addressed:

Name of Company: _____

Family Name Dr./Mr./Mrs./Ms.: _____ First Name: _____

Mailing address: _____

Post Code & City: _____ Country: _____

Main Telephone: _____ Email: _____

6. How did you hear about BSL for the first time? (Please indicate the original source of information)

Fair: _____ Internet: _____

School rankings: _____ Social media: _____

Press article: _____ Print advertising: _____

Friend/Family/Colleague: _____ BSL faculty: _____

Agent: _____ High school (counselor/event): _____

Other institutions/organizations: _____

Career advisor/Employer: _____

Event/Conference: _____

From a BSL former/current student: _____

Business School Lausanne reserves the right to change or modify in part or completely any course description and/or program in the interests of all parties concerned. The place of legal venue for any dispute shall be Lausanne, Vaud, Switzerland.

I, _____, hereby certify that I have read and understood the “Registration Terms and Conditions” and sign in acceptance of these conditions. I fully adhere to the rules and regulations of the school. I also confirm that the information entered by myself on the application form is correct.

First Name: _____ Family Name: _____

Date: _____ Signature of Applicant: _____

Please return your completed application file to:

Business School Lausanne
 Rte. de la Maladière, 21
 1022 Chavannes, Switzerland