

# Modular MBA & Executive MBA Application Form

Please fill in electronically, then print and sign the form.

**1. Please indicate the program option you would like to apply to:**

- Full-time MBA
- Part-time MBA
- Full-time Executive MBA
- Part-time Executive MBA

**2. Please indicate the concentration you would like to apply to:**

- Business Transformation & Entrepreneurship
- Sustainable Business

**3. Entry date** - Please indicate the semester to which you wish to enroll:

- Fall - Winter Semester (September)
- Spring - Summer Semester (February)

**4. 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: \_\_\_\_\_

**Swiss Resident Permit:** *If you travel on a foreign passport, but have a Swiss Resident Permit or Visa please attach a copy of the document, even if it has expired.*

Please submit a digital passport style portrait photograph with your file

Business card

**5. Education** (List the highest degree or qualification obtained)

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

## 6. English Level

Mother tongue	Excellent	Good	Fair
If applicable, please indicate the score obtained in the following English test			
TOEFL /score: _____	TOEIC/score: _____	IELTS/score: _____	

## 7. Work experience (At least 3 years of relevant working experience. Please mention your most recent positions starting with the current one)

Company Name	Industry Sector	Position	Dates (MM/YY to -MM/YY)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 8. Name and address for Invoices Tick if same as contact details

Please indicate to 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: \_\_\_\_\_

## 9. How did you hear about the Program? (Please indicate the source)

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: \_\_\_\_\_

**You can then either scan the documents and email them to your admissions advisor or directly to [admissions@bsl-lausanne.ch](mailto:admissions@bsl-lausanne.ch) or by post to Business School Lausanne, Admissions Office, Rte de la Maladière 21, 1022 Chavannes, Switzerland**