

Executive Advanced Studies Application Form

Please indicate the Program to which you wish to apply:

- ☐ E-Certificate in Advanced Studies (E-CAS)
☐ Full-Time Diploma of Advanced Studies (DAS)
☐ Part-Time Diploma of Advanced Studies (DAS)

Entry date

Year: _____ (YYYY)

Choose Certificate:

- ☐ Sustainable Business
☐ Management (100% personalized)
☐ Data Science for Executives
☐ Transformative Leadership
☐ Strategic Finance
☐ Business Administration (mini-MBA)
☐ Business Transformation & Entrepreneurship

Please indicate the term to which you wish to apply:

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

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

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: _____

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

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

If applicable, please indicate the score obtained in the following English test

TOEFL /score: _____

TOEIC/score: _____

IELTS/score: _____

4. 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)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. 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: _____

6. 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: _____

7. Registration Process

Our Admission Office will evaluate your registration file to make sure that your profile corresponds to the program pre-requisites. This evaluation process usually takes up to one week. If you are eligible for the program, we will send you a course pre-reservation. Once we receive payment, we send you a reservation confirmation.

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, or to cancel the course in case of insufficient number of applicants up to 2 weeks prior to course start. The place of legal venue for any dispute shall be Lausanne, Vaud, Switzerland.

I, _____, hereby certify that I have read and understood the “Registration 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 & signed application form by email to:
Business School Lausanne - Office of Admissions - admissions@bsl-lausanne.ch