

For Office Use

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**EUROPEAN MANAGEMENT UNIVERSITY INTERNATIONAL, DENMARK
BEECHES GRADUATE SCHOOL OF BUSINESS, NIGERIA**

Day	Month	Year
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Proposed starting date

Please complete this form clearly, preferably in black ink, suitable for photocopying.

Please note that your application will not be processed without an application fee.

See application fee as applied to the program you wish to study on Financial Information page

1. Surname/Family Name			2. Other Names (in full)		
3. Title (Mr. Mrs etc.)	4. Male/Female	5. Date of Birth	6. Country of Birth	7. Nationality	
8. Home Address (including postcode)			9. Address for Correspondence (if different)		
			Address valid from until:		
Telephone No.			Telephone No.		
Fax No.			Fax No.		
E-mail.			E-mail.		

10. Proposed programme of study (please complete as appropriate)

(Please tick")

DEPARTMENT:								Full-time F/T	
PG Cert	Diploma	MA	MBA	Msc	Mres	LLM	Mmus	Title of Course :	Part-time P/T
Mphil	PhD	Topic of Research						Research	

11. If you intend to conduct your research for the degree of Mphil or PhD away from Lagos, Please tick

12. Proposed source of finance (e.g. Sponsor, self - funding, not yet known etc)

13. Have you applied for postgraduate study at EMUI Nigeria before?
If so, give programme and year for which application was made.

14. Are you applying to other Universities? Is so, Please give details.

15. Please state any physical or other disabilities which may necessitate special arrangements or facilities.

16. From what source did you learn of this opportunity for graduate study?
(If by advertisement, please specify which publication)

17. Qualifications already held/to be obtained

Please enter, in chronological order, details of all courses attended since leaving school. If you are a graduate of, or about to graduate from a university, please provide a certified transcript of your complete academic record.

Dates		Full-time or Part-time	University or College attended	Degree or other qualifications obtained/ to be obtained	Class of Degree or GPA
From	To				

18. Details of employment.

Please give details of previous and present employment.
Do not include temporary or short term appointments unless they are particularly relevant

Dates		Name of Organization/employer	Post/Occupation
From	To		

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19. **Outline of research interests/reasons for application for course.** Please attach a separate sheet if you need more space.

Research applicants-please give a brief outline of your proposed reaserach topic or interests.

Applicants for taught courses-please explain you wish to join this course and what benefits you expect to gain.

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I certify that I have composed this application form myself, and that all the information i have given is correct.

Signed.....

Date.....

WHEN COMPLETED PLEASE SEND THIS FORM TO THE ADDRESS BELOW:

The Registrar,
BEECHES GRADUATE SCHOOL OF BUSINESS
16, LANRE HASSAN STREET, EGBEDA, LAGOS,
NIGERIA
OR
E-Mail: registrar@beechesgroup.com
Tel: 234-018970443, 080 331 520 95

DATE PROTECTION ACT

The information contained in this form will be used for the purpose of processing your application and, if your application is successful, will form the basis of your records.