

Photo

# Application for Studies

*This is to apply for studies at EKA University of Applied Sciences at the programm indicated below*

# Management (Bachelor)

|  |  |
| --- | --- |
| **Spring intake**  Studies starts on February 1st |  |
| **Fall intake**  Studies starts on October 1st |  |

**Business Economics (Bachelor)**

**Information Technologies (Programming) (Bachelor) Business Administration (Master)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last name: | First name: | | Middle names: | | Gender: |
| Date of birth: | | | Place of birth (Country and city): | | |
| Passport No: | | Date of issue | Date of expiry | Place of issue (authority) | |
| Citizenship: | | | E-mail address: | | |
| Telephone number : | | |
| Address of the declared place of residence | | | Permanent address of residence (if different from address of the declared place of residence): | | |
| **City:** | | | **City:** | | |
| Country | | | Country: | | |
| Postal Code: | | | Postal Code: | | |

**Previous education**

|  |  |
| --- | --- |
| **Secondary education** (excluding primary schools) | |
| Name of graduated educational establishment | The year of graduation |
| **Bachelor education** | |
| Name of graduated educational establishment | The year of graduation |

How do you plan to finance your study fee and living costs?

Own or family funding

Employer funding

Government funding

Other

The following documents are attached**:** Copy of the passport

Copy of the certificate of general secondary education with a marksheet (in one file) (Masters should add Bachelor diploma with marksheets of ALL years of study)

If necessary – copy of documents certifying the change of given name/ family name

**Copy of International English language certificate (originals must be shown upon arrival)**

**Additional For Masters:**

CV+Motivation letter (in one file)

I learned about EKA **:**

At exhibition

Information in the Internet

From Agent E-mail address of the Agent Other (Please explain)

Person to be notified in case of emergency or other case

|  |  |
| --- | --- |
| Given name, Family name |  |
| Full address |  |
| Postal code |  |
| Telephone number |  |
| E-mail address: |  |
| Relationship |  |

I confirm that, to the best of my knowledge, the information given in this form is true, complete and accurate and no information has been omitted. I give my consent to the processing of my data by EKA.

Signature

Date