



Application Form

Please complete clearly in BLOCK LETTERS

Family name: _____ Single Married

First name: _____ Male Female

Date of birth: Day: _____ Month: _____ Year: _____

Nationality: _____ Place of Birth: _____ Passport No: _____

Present address: _____

City: _____ State: _____ Country: _____

Home phone: _____ Mobile: _____

Fax: _____ E-mail: _____

Name of Father: _____ Name of Mother: _____

Nearest Swiss Embassy or Consulate: _____ City: _____

Education

No.	School / University Name	Country	Dates	Qualification
1.				
2.				
3.				
4.				

Employment

No.	Company Name	Country	Dates	Position
1.				
2.				
3.				
4.				

Languages:

English	German	Other:	Other:
<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent
<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Good
<input type="checkbox"/> Fair	<input type="checkbox"/> Fair	<input type="checkbox"/> Fair	<input type="checkbox"/> Fair
<input type="checkbox"/> Basic	<input type="checkbox"/> Basic	<input type="checkbox"/> Basic	<input type="checkbox"/> Basic



PLEASE INDICATE THE MONTH AND YEAR YOU WISH TO START?

Year: _____ Month: _____

HOW DID YOU FIRST HEAR ABOUT US??

- Internet Student/Alumni* Representative/Agent* Educational Fair*
- Other _____ *Please specify: _____

I WISH TO ENROLL FOR THE FOLLOWING ACADEMIC PROGRAM:

- Doctorate D.Phil.
- Doctorate DBA
- Doctorate PhD
- Executive Master EMBA
- Master M.Phil.
- Master MBA
- Master MSc
- Executive Bachelor EBBA
- Bachelor BBA
- Bachelor BSc
- Dual degree: Please specify: _____
- Other: Please specify: _____

➤ **Specialization in** _____

Enclosures:

- COPIES OF EDUCATIONAL CERTIFICATES
- MARKS SHEETS / TRANSCRIPT INFORMATION WITH GRADING SYSTEM
- COPY OF YOUR ENGLISH LANGUAGE CERTIFICATE (TOEFL, IELTS, ETC.)
- COPY OF WORK CERTIFICATES (IF APPLICABLE)
- CURRICULUM VITAE (C. V.)
- REFERENCE LETTER (IF POSSIBLE)
- PHOTOCOPY OF PASSPORT (SHOWING THE CANDIDATE'S NAME, NATIONALITY, PASSPORT NUMBER, DATE OF BIRTH, EXPIRY DATE)

I HEREBY DECLARE THAT ALL INFORMATION GIVEN ON THIS FORM ARE EXACT AND COMPLETE. I ACKNOWLEDGE HAVING READ AND UNDERSTAND THIS DOCUMENT AND ALL OTHER PERTAINING DOCUMENTS AND WILL ABIDE BY THE STANDARDS OF EXCELLENCE AND POLICIES OF OUS.

City: _____ Signature of applicant: _____

Date: _____ OUS Representative: _____

Please fill, print and sign this application form and send to: *admission@ousedu.eu*

Place for free text:



Website: OUS.edu.eu - Email: admission@ousedu.eu - Tel: +41 44 320 00 33

