



european university
CENTER FOR MANAGEMENT STUDIES

**APPLICATION FOR ADMISSION
DOCTORATE PROGRAMS**

EU REFERENCE : <i>(for internal use only)</i>	RECORD NO : _____ <i>(for internal use only)</i>
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NAME	
FIRST NAME	
DATE OF BIRTH	
PLACE OF BIRTH	

MAILING ADDRESS

STREET NUMBER	
CITY & POSTAL CODE	
COUNTRY	
PHONE NUMBER	
FAX NUMBER	
E-MAIL	
MOBILE NUMBER	

BUSINESS ADDRESS

NAME OF EMPLOYER	
STREET NUMBER	
CITY & POSTAL CODE	
COUNTRY	
PHONE NUMBER	
FAX NUMBER	
E-MAIL	
MOBILE NUMBER	

WHICH PROGRAM ARE YOU APPLYING FOR ?

- Business Administration
- Management & Organization
- Accountancy
- Marketing Management
- Public Relations & Communication
- Leisure & Tourism

EDUCATION

High school: Diploma obtained:
City: Country:
Dates attended:

Undergraduate studies:
Degree obtained: Major:
City: Country:
Graduate Point average: Dates attended:

Graduate studies already attended:
City: Country:
Degree obtained: Major:
Graduate Point average: Dates attended:

LANGUAGE (Indicate your knowledge – if any -)

	Mother-tongue	Fluent	Good	Basic
English	()	()	()	()
Portuguese	()	()	()	()
Spanish	()	()	()	()
French	()	()	()	()
Other	()	()	()	()

WHAT ARE YOUR CAREER AND LONG-TERM OBJECTIVES ? (Please limit your answer to 3 lines)

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CERTIFICATION

I understand and accept the terms that govern the admission procedure and participation in any program of the European University. I certify that the information I have provided in this application is complete and accurate and that all the statements and essays are my own work.

SIGNATURE : DATE :