



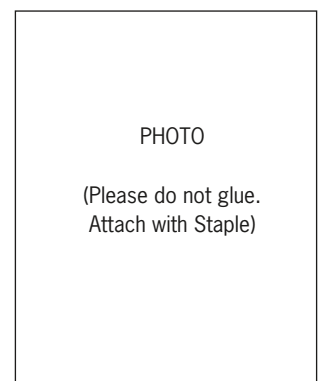
# Programme in Executive MBA

## APPLICATION FORM (Typewriting or block letters)

The _____ Country _____ (name of nominating organisation/institution/company)
nominates _____ (name of applicant)
<b>To the programme of Executive MBA Autumn 2009</b>
Date _____
Signature of nominating organisation/institution/company _____

(When necessary/applicable)
The Nomination is approved by (name of authorising authority) _____ in accordance with local rules.
Date _____ Signature of authorising authority _____

The Application should be submitted to Blekinge Institute of technology at the latest on **May 25, 2009**.



Blekinge Institute of Technology  
External Relations Office/Office for  
Contract Training and Projects  
Executive MBA Assistant program director  
SE-371 79 Karlskrona  
Sweden  
ihсан.zakri@bth.se

Applications received after this date will not be considered.

## PERSONAL HISTORY

1. First name (underline name by which formally addressed)		Second name		Family name (surname)	
2. Office address			3. Telephone (to office). (country code/area code)		
			Fax no.		
			E-mail (obligatory)		
4. Home address			5. Telephone (home) (country code/area code)		
			Mobile phone:		
			E-mail (home):		
6. Nationality		Date of birth	Day	Month	Year
7. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female					
8. Name and address of person to be notified in case of emergency (incl. country code/area code)					
Telephone:			E-mail:		

9. Education (start with last attended institution and work backwards)			
Name of institution and place of study	Major fields of study	Years of study from – to	Degrees

## EMPLOYMENT RECORD

In order that your application may be complete, please give details of your duties and responsibilities for each of the posts you have occupied.

### A. Present position

Title of your post
Years of service: from–to
Type and level of organisation
Name of supervisor (if any)
Name and address of employer

Supervisors e-mail address
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## B. Previous position

Title of your post	Description of your work, including your personal responsibilities
Years of service: from–to	
Type and level of organisation	
Name of supervisor (if any)	
Name and address of employer	

## LETTER OF INTEREST

Please attach your Letter of interest, on no more than two supplementary pages.

Enclosed description 1–2 pages

## LANGUAGE REQUIREMENT

English certification does not have to be carried out if any of the following is applicable:

English is my mother tongue or official language of the country.

English is my working language (please enclose statement from management)

Carried out higher academic education (min 6 months) where English was the medium of instruction (please enclose copy of certificate)

# CERTIFICATE OF THE ENGLISH LANGUAGE

Not required if any of the conditions at the bottom of page 3 apply

Name of candidate _____	
<b>ABILITY TO UNDERSTAND</b> <input type="checkbox"/> Understands without difficulty when addressed at normal rate <input type="checkbox"/> Understands almost everything, if addressed slowly and carefully <input type="checkbox"/> Requires frequent repetition and/or translation of words and phrases	<b>ABILITY TO SPEAK</b> <input type="checkbox"/> Speaks fluently and accurately and is easily intelligible <input type="checkbox"/> Speaks intelligibly, but is not fluent or altogether accurate <input type="checkbox"/> Speaks haltingly, and is often at a loss for words and phrases
<b>ABILITY TO WRITE</b> <input type="checkbox"/> Writes with ease and accuracy <input type="checkbox"/> Writes slowly and with only a moderate degree of accuracy <input type="checkbox"/> Writes with difficulty and makes frequent mistakes	<b>READING ABILITY AND COMPREHENSION</b> <input type="checkbox"/> Reads fluently, with full comprehension <input type="checkbox"/> Reads slowly, but understands almost everything <input type="checkbox"/> Reads with difficulty, and only with frequent recourse to a dictionary
Language test administered by: _____	
Title: _____	
Address and Telephone: _____	
Date and signature: _____	

**Information to all applicants according to the Swedish Personal Data Act:**  
Upon confirmation that your application have been accepted, the personal information that your have given in this application will be used by the Programme Organiser in administering the Programme, Your personal data will also be available for internal use. The data will not be used for other purposes.

Signature of Applicant

I certify that my statement in answer to the foregoing questions is true, complete and correct to the best of my knowledge and belief.  
If selected as a participant I undertake to spend the time during the period of the programme as directed by the programme management.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

If you are selected, you will be notified by fax or e-mail. **Please confirm your acceptance to attend by fax or e-mail.**