

BUSINESS SCHOOL Application Form



Application Checklist

Application for Postgraduate Programs Admission

Required items by the office of admission for Completed application:

\$150 Application processing fee
Updated CV
Official transcript form previously attended college of University
Financial form
Two passport size photo
Expression of interest in less than 1000 words
Letter of recommendation (2X)
Copy of Passport or National ID card
Work Experience more than 2 Years



BUSINESS SCHOOL Application Form

INTAKE: MONTH & YEAR	Please word prod	cess this forr	n or complete	in BLOCK CAPITA	ils	
	CENTRE					
	INTERNATIONAL L	EADERSI	HIP INSTIT	UTE - ETHIOPIA	L	
FULL TIME ☐ PART TIME ☒	STARTING LEVEL OF	STUDY	-Undergrad	duate Programm	nes only	
	L	evel 4	Level 5	Level 6		
Programme Name & Number				NUMBER		
Masters in Business Administration – Internationa			onal Business P- 12034			
PERSONAL DETAILS MR MRS MISS MS DR OTHER						
FULL LEGAL NAME And in the order you wish your name to appear on your certificate.	1 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
DATE OR BIRTH (DD/MM/YYYY)	1	9				
TELEPHONE NUMBER. (INCLUDING COUNTRY CODE)						
EMAIL ADDRESS						
PLACE OF WORK (Part time students in full only):	-time employment					
YOUR PERMANENT A		orresponde Tel.: +	Internationa 251 111 249 Gullele F P.O.Box	S ADDRESS (this o your programme value al Leadership Instance) 990 Fax: +251 Kebele: 01/02 Ho (20987 Code 100 Ababa, Ethiopia	will be sent) titute 111 249 989 use No.: New 00	

The following information is required by the Department of Education & Employment of the United Kingdom for statistical purposes only:

EQUAL OPPORTUNITIES

Please tick appropriate box for the term that you feel most closely describes your ethnic or social group White British White Irish Other White Background Black Black Other Black British/Caribbean British/African Background Asian British/Indian Asian Asian British/Bangladesh British/Pakistan Asian Other Chinese/Other White/Caribbean(Mixe d) White/African(Mixed) White/Asian(Mixed) Other Mixed Information Refused

COUNTRY OF BIRTH		NATIONALITY					
Do you have a disability? If y	/es, are you registered disa	abled, (<i>Please tick appropriate box)</i>					
NO 🗌 YES [REGISTER	RED ☐ NOT REGISTERED ☐					
Please indicate	e type of disability - you may	tick as many areas as appropriate.					
Dyslexia	Blind/Partially Sighted	Deaf/Hearing Impairment					
Wheelchair/Mobility Difficulty	Personal Care Support	Mental Health Difficulties					
Unseen Disability	Other disability not listed *						
* Please specify:							
DATA PROTECTION ACT 1998 I agree to the personal data on my application form only disclosed to those who need to know it. A record of my stay at the University will be kept in p		sity's educational programme. It will be kept securely and					
SIGNED (Applicant)		DATE					

ALL INFORMATION FIELDS ARE REQUIRED, INCOMPLETE FORMS WILL BE RETURNED UNPROCESSED

QUALIFICATIONS

The following information is to be completed by the link tutor at the approved centre. All qualifications to be considered for admission onto the above programme of study should be clearly stated below. Original qualifications should be checked by the approved centre, and copies of these qualifications should be attached to this form having been signed and stamped as a demonstration of their authenticity. Forms received without countersigned qualifications will be returned to the approved centre for action.

Award (Degree/High School Diploma)	Grade (eg 2:1,pass)	Title/Subject (eg English/Maths etc)	Date of Award	Where Studied
Qualifications app	proved seen a	nd signed?	ifications attache	d? 🗌
NAME (oversea	as prog lead	der):-		
SIGNED:		DATE:		_

Financial Form

Name of Student:	
Sponsored By Personal (self-sponsored) Sponsorship (please provide letter to guarantee) Not sure now (Will indicate in the future)	
Sponsoring Government Organization	
Person of Contact:	
Phone number:	
Sponsored by other organization	
Other Sponsoring Organization:	
Person of Contact: Phone number:	
Once admission is approved, students will be required to provide sp from their sponsors	oonsorship letters
Official Use Finance Office at ILI	
Sponsorship letter received and/or Financial guarantee approved:	
Approved By	
Date:	
Signature:	