

Faculty-Led Workshop Application Form

Please indicate the term to which you wish to apply:

- Fall Term (September)
- Winter Term (November)
- Spring Term (February)
- Summer Term (May)

Year _____

To complete your registration for the workshop, you must submit the following:

- A complete Application Form
- Letter of Intent outlining your research interests (Pages 1 and 2 of the topic proposal template)
- Updated CV
- An application fee of CHF 180 is payable online. The application fee is payable once and will not be charged later on again when you articulate into the DBA.
- Official Transcripts and copy of the College/University degree (Foreign Official Transcripts must be certified by a legal authority, such as a public notary, with translation when necessary)

1. Personal information and contact details

First Name: _____ Middle Name: _____ Family Name: _____

Male Female Mr./Mrs./Ms.: _____ Email: _____

Date and Place of Birth: _____

Mailing Address: _____ Post Code _____

City & Country: _____

Telephone: _____ Passport Number: _____

Mobile Number: _____ Nationality: _____

Please submit a digital passport style portrait photograph with your file

Business card

2. Education (List the highest degree or qualification obtained)

Degree or qualification	obtained(year)	by (Institution and location)
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. English Level

Mother tongue
 Excellent
 Good
 Fair

Please indicate the score obtained in the following English test(s)

TOEFL /score:
 TOEIC / score:
 IELTS / score:

Others: please specify type and score:

4. Work Experience (Successful applications need a minimum of five years post-master working experience, or equivalent. recent positions starting with the current one)

Company name	Industry sector	Position	Dates (Month-Year to Month-Year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Name and address for invoices Tick if same as contact details

Please indicate in whose name the invoice for the program fees should be addressed:

Name of Company:

Family Name Dr./Mr./Mrs./Ms.: _____ First Name:

_____ Mailing address:

Post Code &

Country:

City: _____

Main Telephone: _____ Email: _____

6. How did you hear about BSL for the first time? (Please indicate the original source of information)

Fair: _____ Internet: _____
School rankings: _____ Social media: _____
Press article: _____ Print advertising: _____
Friend/Family/Colleague: _____ BSL faculty: _____
Agent: _____ High school (counselor/event): _____ Other
institutions/organizations: _____
Career advisor/Employer: _____
Event/Conference: _____
From a BSL former/current student: _____

Registration Process

Our Admission Office will evaluate your registration file to make sure that your profile corresponds to the pre requisites. This evaluation process usually takes up to one week. If you are eligible, we will send you a pre reservation. Once we receive payment, we send you a confirmation.

Business School Lausanne reserves the right to change or modify in part or completely any course description and/or program in the interests of all parties concerned. The place of legal venue for any dispute shall be Lausanne, Vaud, Switzerland.

I, _____, hereby certify that I have read and understood the "Registration Terms and Conditions" and sign in acceptance of these conditions. I fully adhere to the rules and regulations of the school. I also confirm that the information entered by myself on the application form is correct.

First Name: _____² Family Name: _____ Date: _____

Signature of Applicant: _____ Please return your
completed application file to:

<p>Business School Lausanne Rte. de la Maladière, 21 1022 Chavannes, Switzerland</p>
