



Application for Studies

European School of Business & Management SE

Studies: Master of Science (MSc)

Specialization: _____

Expected start date of studies: _____

Personal Data:

Name and surname, title: _____

Date of birth: _____

Place of birth: _____

Permanent residence: _____

Telephone: _____

E-mail: _____

Highest education attained:

Name of school: _____

School address: _____

Department: _____

Year of completion: _____



**European
School**
of Business
& Management

Tel: +420 221 620 232
Mobile: +420 603 836 740
E-mail: info@esbm.cz
Website: www.esbm.cz

Form of payment of tuition fees:

Number of installments: _____

Billing information: _____

In _____ on _____

Signature

Submitting your application is free of charge, there is no handling fee.