European School of Business & Management

**Tel.:** +420 603 836 740
**E-mail:** info@esbm.cz
**Website:** www.esbm.cz
**Address:** Londýnská 376/57, 120 00 Prague 2

# Application for Studies

## European School of Business & Management SE

**Studies:** **Bachelor of Business Administration (BBA)**

**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: _____

In accordance with Act No. 110/2019 Coll., the protection of personal data, with your signature you agree that the company European School of Business & Management may collect, store and further process the personal data provided.

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**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.

In accordance with Act No. 110/2019 Coll., the protection of personal data, with your signature you agree that the company European School of Business & Management may collect, store and further process the personal data provided.