

Executive MBA Health Care Management

Application Form

Matriculation number: _____ Receipt: _____

Student ID number: _____

(to be filled in by the registrar's office)

Starting year _____

Enrolment to Study Stage 1 and Study Stage 2 **OR**

Lateral Entry / Enrolment to Study Stage 2 in Fall Term _____

Personal data

Last name _____

Birth name _____

Academic Title _____

First name(s) _____

Gender _____

Date of birth _____

City of birth _____

Federal state _____

Nationality _____

Family status _____

Address (private)

Street _____

Zip code, City _____

Federal state (Bundesland) _____

Phone (private) _____ Mobile (private) _____

Fax (private) _____ Email (private) _____

Please attach a current photograph of yourself here / or upload a digital photo.

Please write your name and programme on the

1

Address (business)

Company _____
Street _____
Zip Code, City _____
Phone (business) _____
Mobile (business) _____
Fax (business) _____
Email (business) _____

Contact preferred

Preferred address private business
Preferred email address private business
Preferred phone number private business

Invoice address private business

Exact invoice address _____
Street _____
Zip Code, City _____

Qualification and Academic Record

Abitur / University Entrance Diploma / High School Degree / Baccalaureate

Name and type of high school _____
Federal State (Bundesland) _____
Acquired on (date) _____
Grade _____

Acceptance of foreign high school degrees

Issuing authority _____
Date _____

University degree

Universities or Universities of Applied Sciences visited so far

from: _____ to: _____ at: _____

from: _____ to: _____ at: _____

Which degree did you receive and when?

Degree: _____ Grade: _____ Date: _____

Degree: _____ Grade: _____ Date: _____

Gained ECTS: _____

Acceptance of foreign university degrees

Issuing authority _____

Date _____

If you apply for a lateral entry in the 3rd semester, please specify your certificate / diploma and attach a certified copy of your certificate / diploma.

Gesundheitsökonom EBS Grade: _____ Date: _____ ECTS: _____

Other diploma (please specify): _____

Grade: _____ Date: _____ ECTS: _____

Please list any non-academic business or management course you have attended in the last 5 years

Professional Experience

Admission to the Executive MBA requires at least 5 years professional experience*.

Please indicate company / position / period:

Total years of professional experience: _____, thereof

Company _____
Position _____
Period From _____ To _____ / Total years: _____

Company _____
Position _____
Period From _____ To _____ / Total years: _____

Company _____
Position _____
Period From _____ To _____ / Total years: _____

4

***In case of less than 5 years professional experience, please attach one extra reference which certifies that you are experienced in leading people and that have excellent management skills.**

Assessor

Name _____

Job title _____

Relationship to you _____

Address _____

Phone _____

Fax _____

Email _____

Language Skills

Mother Language: _____

First Foreign Language: _____

Other Foreign Languages: _____

TOEFL iBT

Test date _____ Test score _____ (min. 83)

Substitutes for TOEFL

IELTS Test date _____ Test score _____ (min. 6,5)

TOEFL ITP (at EBS) Test date _____ Test score _____ (min. 560)

ESOL Test date _____ Test score _____ (grade A / B)

Insurance Data

At which health insurance company are you insured? _____

Address of the health insurance company: _____

Insurance number: _____

In case of an accident please inform: _____

In preparation for your stay abroad

Passport number _____

Expiry date/valid until _____

Data protection

I give my consent that my personal data – last name, first name, academic title – as well as address, phone numbers, fax numbers and email addresses as mentioned on page 1 will be accessible for my fellow students in the study programme unless I revoke this statement.

I disagree

I give my consent that the additional information given on page 7 of this application form will be passed on to the lecturers.

I disagree

I give my consent that the additional information given on page 7 of this application form will be passed on to my fellow students.

I disagree

Declaration

With this signature I confirm that I know the rules of the EBS application process (conditions of study, examination regulations, terms and conditions, tuition which are accessible on the internet or upon request) and accept them as integral part of the contract for the executive master program. I confirm that to the best of my knowledge the information given on this form is correct and complete.

City, date

Signature

6

Please send your complete application to:

EBS Universität für Wirtschaft und Recht
EBS Business School
Health Care Management Institute
Programme Management EMBA HCM / C. Hirning
Rheingastr. 1
65375 Oestrich-Winkel

claudia.hirning@ebs.edu

Additional Information for the lecturers of the EMBA HCM

Data concerning your current position

Position _____

Department _____

Company _____

Industry _____

How did the Executive MBA programme come to your notice?

Internet (please specify)

Personal recommendation

Newspaper (please specify)

Fair etc. (please specify)

Superior

Human Resource department

Other (please specify)

Have you attended an MBA Preview Event?

Yes

No

If "Yes" please state where _____ and when _____

Check list

Are the following documents part of your application?

- Letter of application / motivation (motives for applying, goals and personal background)
- Job-related Curriculum Vitae with photograph
- Complete and signed application form (with photograph)
- Digital photograph with bright background for internal use
- TOEFL Results or equivalent
- University Entrance Diploma (Abiturzeugnis) / High school Diploma in certified/legally attested copy
- University certificates in certified/legally attested copy
- Confirmation of gained ECTS (for example: Diploma Supplement)
- Proof of practical experience (job references)
- Reference Assessor if you have less than 5 years professional experience:
- Certificate and Diploma "Gesundheitsökonom EBS in certified / legally attested copy if you are applying for a Lateral Entry in 3rd Semester (Study Stage 2)

After acceptance as a student:

- Valid confirmation of your health insurance for „Vorlage bei der Hochschule“
- Digital photograph with bright background for your student ID card
- Confirmation of the removal from the register of students (Exmatrikulationsbescheinigung) of your former university if you are currently enrolled at another Business School
- Confirmation of matriculation if you are currently enrolled in another course of studies (in this case, we would need the confirmations every semester)

Please send your complete application to:

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EBS Business School
Health Care Management Institute
Programme Management EMBA HCM / C. Hirning
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