

APPLICATION FORM



The International Management Institute Antwerp (IMI)
Laarstraat 16, Garden Square, building C
2610 Wilrijk
Tel: +32(0)3-218 54 31 - Fax: +32(0)3-218 58 68

The International Management Institute Brussels (IMI)
Rue du Moulin à Papier 51
B-1160 Bruxelles
Tel: +32(0)2-648 67 81 - Fax: +32(0)2-648 59 68

info@timi.edu • www.timi.edu

PLEASE WRITE IN BLOCK CAPITALS AND USE BLACK OR BLUE INK.

1.0 COURSE SELECTION

- Master's (MBA) Program with International Residency**
- Master's (MBA) Program without International Residency**
- Post Graduate Degree in Management (PGDM)**

- Undergraduate (BBM) Program with International Residency**
- Undergraduate (BBM) Program without International Residency**
- Graduate Degree in Management (GDM)**

Month:

Year:

Please tick here if you have applied to IMI before

If so, state year:

2.0 PERSONAL DETAILS

Family Name:		Title (Mr/Mrs/Miss/Ms):	
Given Names:		Marital Status:	
Date of Birth: D D M M Y Y Y Y	Gender (M/F):	Nationality:	
Country of Birth:	Country of Ordinary Residence:		

Permanent Home Address:	Address in Belgium for Correspondence: (if this is temporary please specify dates)		Name and Address of Parent/Guardian/Next of Kin: (state which)
	From:	To:	Occupation:
Tel No: (inc dialling code)	Tel No: (inc dialling code)		Tel No: (inc dialling code)
Email Address:		Confidential Fax No:	

3.0 EDUCATION

Please list in order all institutions where you studied (full or part-time) from the age of 16 and onwards. If you are still studying, include your present place of study.

From:	To:	Institution: Name and Address

3.1 ALL EXAMINATIONS TAKEN AND PENDING

(Educational and Professional – please continue on a separate sheet if necessary)

Please list all subjects taken whether passed or failed. ***AUTHENTICATED/CERTIFIED PHOTOCOPIES OF CERTIFICATES, AND TRANSCRIPTS OR NOTIFICATION OF RESULTS MUST BE SENT WITH THIS FORM.***

Awarding Body:	Exam Date:	Subject:	Level/Qualification:	Result/Grade/Mark/%:

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4.0 EMPLOYMENT

Please state your current occupation:.....

Please list all jobs since leaving full-time education.

Dates of Employment:	Employer:	Position:

If you are presently employed please state employer's name and nature of your work:

.....

.....

5.0 FINANCE

Please state how you intend to finance your studies at IMI:

.....

.....

6.0 GENERAL

<p>Do you have any applications to other institutions of higher education currently under consideration? Your answer will not prejudice your application. Please specify:</p> <p>.....</p> <p>.....</p>	<p>How did you hear about IMI?</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Are you applying through an Agent? If so please give the name and address details of the Agent.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Did you use our website to find out information about IMI before applying?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes – did you find all of the information that you needed?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no then please tell us what you would like to have found</p>

7.0 DISABILITIES

IMI may provide support for students with disabilities. Please help us to help you by completing the information below (tick boxes). Alternatively, confidential information can be given in a sealed envelope marked "Confidential – Student Support Adviser".

- | | |
|--|---|
| <input type="checkbox"/> Blind/Partially Sighted | <input type="checkbox"/> Deaf/Partial Hearing |
| <input type="checkbox"/> Dyslexic | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Others |

Please inform if Personal Care Required Wheelchair/Mobility

7.1 MEDICAL

<p>Give further details of any physical or other disabilities which might affect your studies.</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Please give the name and address of your usual doctor.</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Confidential information can be given in a sealed envelope marked "Confidential – Student Support Adviser"</p>	<p>Signature:</p>

Declaration:

I certify that the information given in this application is true, complete and accurate and no information requested or other material information has been omitted. I accept that if I do not fully comply with these requirements IMI shall have the right to cancel my application and I shall have no claim against them.

I understand that this application and all supporting documents become the confidential property of IMI Admissions Office and will not be returned, copied or released (with the exception of examination certificates).

Signature: Date:

Personal data collected on this form will only be used for the purpose of student and course administration as required by IMI and may be disclosed as appropriate to bodies/organisations associated with such courses.

Please now complete the Reference section of this form. References can be returned with your application form, or sent separately by your referee.

One reference to be completed for access/foundation/undergraduate and two for postgraduate study.

All applicants, whose first language is not English, please complete Section Two.

REFERENCE



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To be completed by the applicant

Title (Mr/Mrs/Miss/Ms):	Given Names:	Family Name:
Address:		
Proposed Course:		

To be completed by the Academic Referee

The applicant who has asked you to act as a referee is applying to enter IMI for a degree course. We would be grateful to have your assessment of his / her ability to follow a course of study at higher level, including an assessment of the candidate's motivation and any special factors you feel we should take into account.

Title:	Given Name:	Family Name:
Address:		
Tel No:	Email Address:	
Length of time you have known the applicant:		
In what capacity:		

REFERENCE

Please write your assessment here and return the completed form to the address shown at the beginning of this section.

School or College Stamp:

Signature:

Date:

REFERENCE



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SECTION TWO



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KNOWLEDGE OF LANGUAGES

To be completed by all applicants whose first language **is not** English.

Mother Tongue:		
Knowledge of foreign languages, other than English (if any)?	Language:	Level of Ability:

ENGLISH LANGUAGE EDUCATION

Examinations

Please indicate below if you have taken any of the following:

Exam Title:	Exam Date:	Where Taken:	Result:
IELTS			
TOEFL: Paper based Computer based TWE			
Cambridge certificate(s) (please specify):			
Other (please specify):			

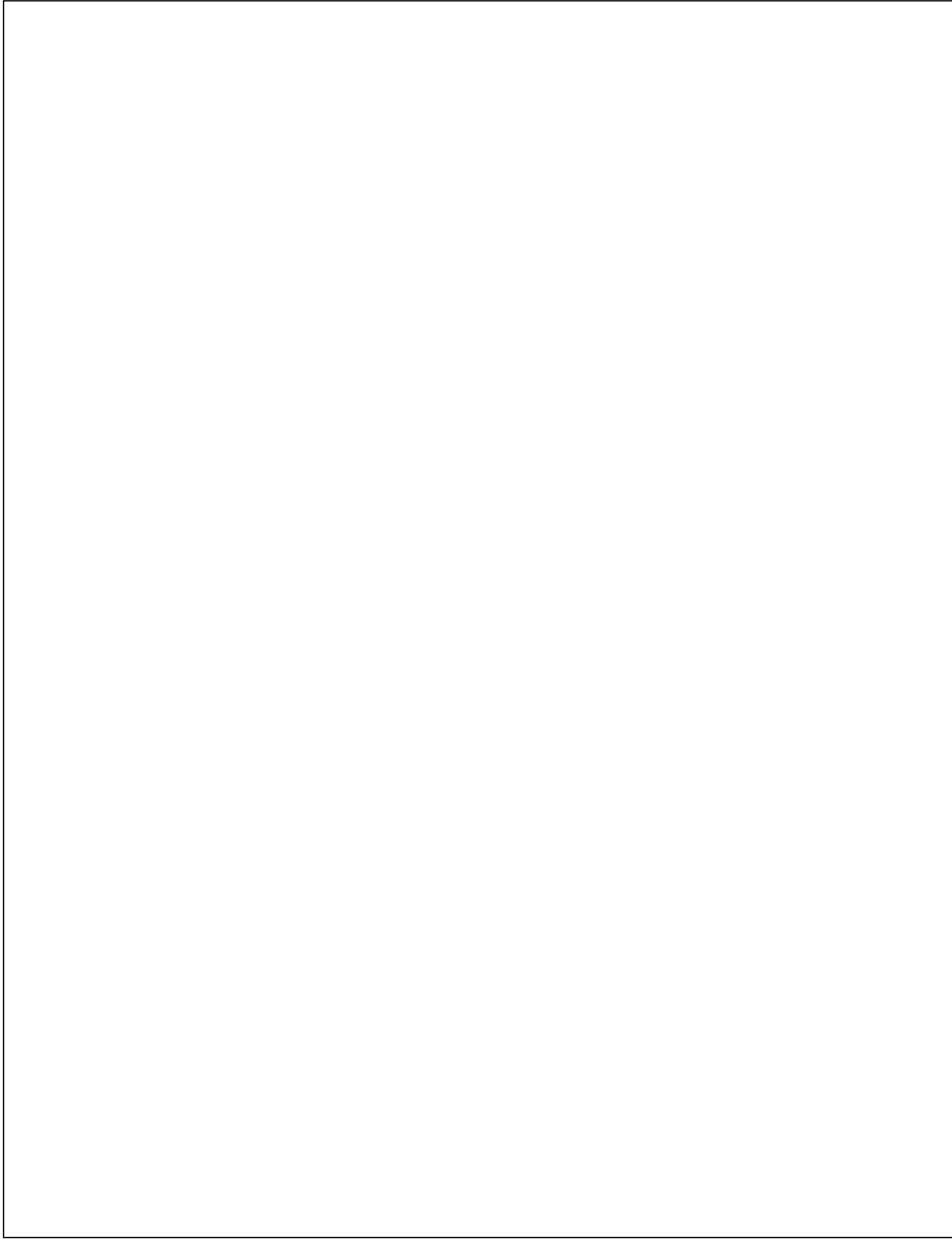
English Language Classes (including classes at school)

Total years of study in English within your own country:	years
Years of study in English at university/higher education:	years
Years of study in English abroad:	years
Country and name of institution(s) with dates where you studied in English:	1)
	2)

Writing Sample (to be completed by all applicants)

Please write at least 200 words on the following topic (please continue on a separate sheet if necessary):

**“Why I want to study my chosen programme
and why I want to study at IMI”**



Applicants whose first language is not English are generally required to sit the IELTS examination.