

# APPLICATION FORM



**CONCORDIA**  
INTERNATIONAL

FOR UNIVERSITY USE ONLY	
Application No.	
Decision	Interview
	Reject
	Offer
Signed (Admissions)	

**Please return to:**  
Admissions,  
Department of Education  
Concordia International (London)

## 1. Course Details

Course Title:	BA		MBA		
Study center:	O2O				
Study Mode:					
Intake:	Jan		Mar		May
	Feb		Apr		Jun
					Jul
					Aug
					Sep
					Oct
					Nov
					Dec

## 2. Personal Details

Title: Mr/Ms/Miss/Mrs/Dr etc.		Gender:		Date of Birth	
First Name:		Last Name:			
Email:		Nationality:			
Telephone	Landline:				
	Mobile:				
Permanent Address	Street:				
	City:				
	Post Code:				
	Country:				

*\*Permanent Address must match Nationality*

## 3. Next of Kin Details

*\*Please provide details of a contact person in case of emergency*

Title: Mr/Ms/Mrs/Dr etc.		Gender:		Date of Birth	
First Name:		Last Name:			
Telephone	Landline:		Mobile:		
Email:					

## 4. English Language Level

*\*For non-native English speakers*

IELTS:		TOEIC:		TOEFL	
Others (Please Specify)					

## 5. Educational Qualifications

*\*Please enter Highest level of qualification (Highschool Diploma, GCSE, L3 Foundation, Middleschool Diploma, Degree, etc.)*

*\*\*Please enclose an up to date Curriculum Vitae with detailed information*

Qualification 1:		End Date:		Grade:	
Qualification 2:		End Date:		Grade:	
Qualification 3:		End Date:		Grade:	

### \*BA Checklist

1. Copy of Passport or Driving license (US/UK Citizen)		5. Resident registration
2. Certificate of the latest educational qualification		6. student record (junior)
3. Certificate of the latest educational performance		7. English qualification exam (if required)
4. Personal essay (followed form)		

### \*MBA Checklist

1. Copy of Passport or Driving license (US/UK Citizen)		3. Certificate of the latest educational performance
2. Certificate of the latest educational qualification		4. English qualification exam (if required)

## Support Requirements

**\*Please complete this section if you have any disability, medical condition or specific learning difficulty learning.**

Do you have a disability, medical condition or specific learning difficulty?  
If yes, please e-mail a copy of the medical certificate to [info@aconcordia.com](mailto:info@aconcordia.com)

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_