

Application Form

1. PERSONAL DETAILS

| | | |
|--------------------|--------------------|----------------------|
| Surname: | Mr/Mrs/Dr/Ms/Miss: | <input type="text"/> |
| First name: | | |
| Address: | | |
| City/ Postal code: | | |
| Telephone Number: | Fax Number: | |
| Email Address: | Cell Number: | |
| Date of Birth: | Place of Birth: | |
| Nationality: | Int'lPassportNo: | |

2. ORGANISATION DETAILS

| | |
|-------------------|-------------|
| Organisation: | |
| Position: | |
| Telephone Number: | Fax Number: |
| Email Address: | |
| Postal Address: | |
| Physical Address: | |

Give a short description of the most important products and/or services of your organisation:

Who is responsible for Training and Development within your organisation:

| | |
|-------------------|----------------|
| Name: | M/F:* |
| Telephone Number: | Email Address: |
| Address: | |

3. EDUCATION

Give a chronological overview of studies/ courses followed at polytechnic, university and other institutions.

| Dates | Educational/professional institution | Qualifications |
|-------|--------------------------------------|----------------|
| | | |
| | | |
| | | |

Management courses/training

| Institution | Programme | Period |
|-------------|-----------|--------|
| | | |
| | | |
| | | |

4. WORKING EXPERIENCE

(Describe present position first)

| Dates | Employer | Job title | Responsibilities |
|-------|----------|-----------|------------------|
| | | | |
| | | | |
| | | | |

Other experience of responsibilities and achievements

YOUR ACTION LEARNING GOALS

What do you expect to gain from the programme personally and for your employer?

FURTHER INFORMATION

Who played the most critical role in your recruitment on the BSN MBA Programme?

Name:

Telephone Number:

What access do you have to a personal computer and Internet connection?

5. PAYMENT OPTION

Registration Fee N100,000

Kindly tick appropriate payment structure:

Once-off payment N4,000,000

Two-off payment (Annually) N2,000,000

Four-off payment (Six monthly) N1,000,000

Pay-As-You-Go (Quarterly) N400,000

6. INVOICE ADDRESS

Organisation/ Self:

Attention:

Position:

Telephone Number:

Email Address:

Postal address:

City Name:

Postal Code:

Please attach to this application the following:

1. One recent passport photograph
2. Certified copies of previous qualification
3. Certified copy of identity

CANCELLATION CONDITIONS

Business School Netherlands (BSN) accepts and implements internationally acceptable principles regarding cancellation conditions. This specifically means that:

- Once a student has enrolled for any BSN programme but prior to commencement of start-up, BSN may retain a maximum of the registration fee of N100, 000 with the return of all course materials not used at that time.
- After activation of any of the MBA Workshop; N400, 000 is due to BSN together with the return of all course materials not used so far.

POSTPONEMENT CONDITIONS

Business School Netherlands (BSN) accepts and implements internationally acceptable principles regarding postponement of programme. This specifically means that:

- Postponement of studies must be requested from BSN in writing stating the reason and length of such postponement and a fee of N 210, 000 would be due payable upon approval.
- *Terms and Conditions apply as in the programme manual.*

DECLARATION

Read the following statement of acknowledgement carefully. By sending in this application form, you also agree with this statement.

I hereby confirm that my organization has indicated its support of my studies towards the Action Learning MBA programme of Business School Netherlands and that my organisation acknowledges the Action Learning philosophy and the structure of the programme.

My organisation is aware that a vital element of the programme focuses on key issues relevant to me and to the organisation. My organization has committed its full support to my studies and the implementation of projects, which are focused on real managerial issues.

I hereby confirm that I have permission to execute Action Learning and the Action Learning Projects in my own organization and I hereby accept the cancellation conditions of BSN International

Signature: _____ At: _____ Date: _____

MBA applications to be sent to:

By Courier: *Oil and Gas Business
School, KM 17, PH-ABA
EXPRESSWAY, ACE
CENTRE, NEAR TAP,
IRIEBE, PORT
HARCOURT*

By Email: rector.registrar@oilandgasbusinessschool.com
oilandgasbusinessschool@gmail.com