

POST GRADUATE PROGRAMME APPLICATION FORM - EU

Select the postgraduate program you wish to (first year) apply for:

- European Bachelor in hotel and tourism management (Year 1, 2, 3)
 MBA international hospitality and luxury brand management (Year 4, 5)

PERSONAL DETAILS

Title (Mr/Mrs/Ms) :

Surname _____ Given name(s) _____

Date of Birth ____/____/____ Gender _____ Language spoken _____

Country of Birth _____ Nationality _____ Passport number _____

Phone number _____ Email address _____

Current postal address _____

Optional comments _____

TERTIARY EDUCATION DETAILS

Highest undergraduate qualification: _____

Institution attended: _____

Country: _____ Year completed: _____

TERTIARY EDUCATION DETAILS

Do you have a health student cover?

- Yes Expiry : / /
 No

English Language Proficiency:

If your first language is not English, please outline any English language test score below

- IELTS
Overall score: Listening: Reading: Writing: Speaking:
Date the test was taken: / /
- TOEFL
Overall score:
Date the test was taken: / /
- Other :

SUPPORTING DOCUMENTATION

Please attach the following documents to this application (do not send originals). Documents should be translated into English where required.

- Cover Letter in English
- CV in English
- Proof of citizenship (copy of passport/birth certificate)
- Certified copies* of academic transcripts in English (from undergraduate qualifications)

For applicants requesting credit transfer from prior postgraduate studies (second year conversion)

- Certified copies* of course syllabus in English (including number of hours studied and subject credits)
- One employment or academic reference letter

*A copy of an original document that has been signed by a person officially authorized to declare it a true duplicate. Authorized people include: a sworn translator, public officer, police officer, barrister, school principal, solicitor, or attorney.

DECLARATION AND SUBMISSION

- I wish to be considered for enrolment in a course at CMH Academy and declare that the information submitted is correct and complete. I understand that CMH Academy may obtain records from any school, university, tertiary education institution or previous employment for the purpose of verification of my documents. I understand that CMH Academy reserves any right to vary or reverse any decision made on the basis of incorrect/incomplete information or fraudulent documentation. If fraudulent documents are detected, I understand that my application will be rejected. If an offense is made, the application will be withdrawn and if issued, a visa will be cancelled.

Signed _____

Date ____/____/____

SUBMITTING YOUR APPLICATION

Please return your application and required documentation by email to the following address: admission@cmh-paris.fr