



SWISS INTERNATIONAL
SCHOOL OF BUSINESS

Application form

Family name(s): _____ Forename(s): _____

Title: Mr/Mrs/Miss/Ms/Other (please specify) _____ Date of Birth: _____ Nationality: _____

Home Address: _____ Address for correspondence: _____

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Qualifications

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Please nominate two referees who will testify to your academic or other ability:

<p>Name: _____</p> <p>Position: _____</p> <p>Address: _____</p>	<p>Name: _____</p> <p>Position: _____</p> <p>Address: _____</p>
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AVENUE DU CASINO 36, 1820, MONTREUX, SWITZERLAND

+41 219653444

INFO@SISB.CH

WWW.SISB.CH



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Employment (including names and addresses of employers):

Empty box for employment details.

Please state your reasons for wanting to attend the course:

Empty box for reasons for attending the course.

Why do you think you should be awarded a bursary?

Empty box for reasons for a bursary.

Please give any other information which would help support your application

Empty box for other supporting information.

Signature: _____

Date: _____

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