



**THE CYPRUS INSTITUTE OF MARKETING LTD**

Reg. British Virgin Islands

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E-MAIL: info@cimabvi.com

**APPLICATION FORM FOR ADMISSION TO THE  
DISTANCE- LEARNING/LOCAL CENTRES LL.M PROGRAM**

<b>RECENT PHOTO</b>	<b>SERIAL NO.</b>	<p><b>OFFICIAL USE ONLY</b></p> <p>Application Approved <input type="checkbox"/></p> <p>Application Rejected <input type="checkbox"/></p> <p>Reasons:</p>
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**STATE YOUR PROPOSED LL.M. PROGRAM.....**

**THIS FORM SHOULD BE LEGIBLE FOR PHOTOCOPYING  
PLEASE USE BLOCK LETTERS THROUGHOUT**

1. Full name: (Mr/Mrs/Miss/Dr) (Underline surname/main name)		
2. Date of birth:	3. Marital Status. No. of Children	4. Nationality:
5. Private address:		6. Business address:
Telephone: Email:	Telephone Email:	Fax:
7. I wish correspondence to be addressed to:		
<input type="checkbox"/> Private address	<input type="checkbox"/> Business address	
8. Name of business.	9. If your company is part of a parent group, state name and location:	
10. Present position:		

**PLEASE ENSURE PHOTOCOPIES OF YOUR CREDENTIALS AND A NON REFUNDABLE APPLICATION FEE FOR STG 50 ARE ENCLOSED.**

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**12. Career information** (prior to present post in chronological order)

	FROM	TO	NAME OF COMPANY	POST HELD
1.				
2.				
3.				
4.				

**13. Academic qualifications:**

	FROM	TO	NAME OF COLLEGE/UNIVERSITY	QUALIFICATION OBTAINED
1.				
2.				
3.				
4.				

**14. Professional qualifications**

Membership of Professional Bodies:

- 1.
- 2.
- 3.

**15. References.** Please give the names and addresses of two persons, not relatives, who will act as your referees. The first referee should be your immediate superior and able to support your application by actual knowledge of your responsibilities. If you are head of your firm, please name two business/professional associates. **Please ask your TWO referees to send their References directly to us.**

1<sup>st</sup> Referee: Name:.....  
 Profession: .....  
 Address: .....  
 .....

2<sup>nd</sup> Referee: Name: .....  
 Profession: .....  
 Address: .....  
 .....

**16. If English is not your native tongue do you feel that you have sufficient command of the English language to pursue the course satisfactorily? Applicants are required to hold an "O" level in English language with at least "C" or TOEFL with at a score of at least 500.**

**17. How did you hear about our LL.M program?**

**18. State Method & Study**


**Distance Learning (Home State)**

**Local Centre (give name & address)**

.....  
 .....

**19. Outline in the space given below your reasons why you wish to pursue the LL.M. program.**

**I enclose a non-refundable application fee for STG 50 in the form of**

**Cheque**    **cash**    **postal order**   (please tick)

I hereby declare that all information given above is correct.

Signature of Applicant: .....      Date: .....

**PLEASE ENSURE PHOTOCOPIES OF YOUR CREDENTIALS AND NON REFUNDABLE APPLICATION FEE FOR STG 50 ARE ENCLOSED.**

# The Cyprus Institute of Marketing LTD

Reg. British Virgin Islands

## DO NOT TEAR OFF THIS PAGE

STRICTLY CONFIDENTIAL

### IMPORTANT

PLEASE MAKE TWO PHOTOCOPIES AND GIVE ONE TO EACH OF YOUR TWO REFEREES

**Note to Candidate:** Please enter your name below and send to your referee requesting that it be completed and forwarded DIRECTLY to European Office: P.O. Box 25288 NICOSIA, 1308 –CYPRUS, TELEFAX. 00357-22779331

LL.M (Master of Laws)

## REFEREE'S PERSONAL RECOMMENDATION

1. Name of Applicant.....  
(Block capitals) (Surname) (First name) (Other name)

2. How long have you known the candidate and in what connection?.....years.

.....  
.....

3. What do you consider his/her major talents or strengths?

.....  
.....  
.....  
.....

4. What do you consider his/her major abilities or weaknesses?

.....  
.....  
.....  
.....

5. Does the applicant show any evidence of career, personality or emotional problems? If so, please explain:

.....  
.....  
.....

6. Please indicate how the applicant relates to the group in which you know him/her in:

a) Intellectual ability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Originality:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Managerial ability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Outstanding (Top 5%)	Very good (top15%)	Good (Top third)	Average (Middle third)	Poor (Bottom third)

Name & address

Signature

Date

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