

ID PHOTO OF
DIRECTOR/CEO



**GLOBAL BUSINESS
UNIVERSITY**
EUROPE

APPLICATION TO BECOME AN APPROVED LOCAL TUITION CENTRE

DETAILS OF INSTITUTION:

Name of Centre:	
Business Address:	
Town:	Postcode:
Country:	Email:
Phone No.:	Fax No.:
Year of Establishment:	Number of Students:
Programmes Offered:	Academic Collaborations with other Institutions:

DETAILS OF DIRECTOR/CEO OF INSTITUTION:

Full Name:	Position in Company:
Date of Birth:	Nationality:
Mother Language:	Other Languages:
EDUCATION (IN CHRONOLOGICAL ORDER): Year / Qualification Obtained / Awarding Institution	PROFESSIONAL EXPERIENCE: Year / Name of Organisations / Position

1. **DO YOU OR YOUR INSTITUTION REPRESENT ANY OTHER COLLEGES OR UNIVERSITIES?**
YES / NO

2. **IF YES, PLEASE NAME THEM BELOW**
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3. **OUTLINE YOUR STRATEGY AS TO HOW YOU INTEND TO PROMOTE GBU-EUROPE IN YOUR AREA (ADD ADDITIONAL PAGES IF NEEDED)**
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4. **DECLARATION:** I hereby declare that the above information is correct.

Signed:

Date:

PLEASE RETURN YOUR COMPLETED APPLICATION FORM BY E-MAIL ATTACHING THE FOLLOWING DOCUMENTS:

1. ACADEMIC CERTIFICATES AND EXPERIENCE CREDENTIALS OF DIRECTOR/CEO
2. A RECENT PROSPECTUS OF THE INSTITUTION (IF ANY)
3. A LIST OF TEACHING FACULTY
4. RECENT PHOTOS OF PREMISES AND FACILITIES

OFFICIAL USE ONLY:

Received by:

Any Documents Missing? Any other Comments:

Date: Signed:

Decision of Senate: Contract offered (Terms & Duration):