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**ADMISSION REQUEST**

**EXECUTIVE MASTER OF INTERNATIONAL RELATIONS**

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| --- | --- | --- | --- |
| **Personal Information:** | |  |  |
| ❑ Mr. ❑ Miss ❑ Mrs. | |  |  |
| First Name: |  | Gender: | ❑M ❑F |
| Last Name: |  | Marital Status: | ❑Married ❑Single |
| Nationality: |  | Date of Birth: |  |

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| **Contact details:** | | | |
| Street and No: |  | Phone: |  |
| City, Postal code and country: |  | E-mail: |  |

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| **My application is for session of:** |

❑September ❑ March ❑ June **Section:** ❑ English ❑ French

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| **School / University - name and address Diploma obtained Year** |

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2..………………………………………………………………..**/**……………………………**/**………………..

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| **Current professional situation if applicable** | | |
| **Company name:** | **Your position** | **Year of Hiring** |
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| **How did you know about SWISS UMEF ?** |
| ❑TV ❑ News Paper ❑ Radio ❑Website ❑Social media ❑Friends …………… |

**Admission Supporting Documents:**

❑ Application form;

❑ Copies of the official certificate, A Bachelor degree or equivalent, from an approved University / College;

❑ Copies of transcripts;

❑ Copy of identity card or passport;

❑ CV

❑ One passport photo;

❑ Motivation letter.

I confirm that all the information contained herein as well as the documents provided (diploma, transcripts, etc.) are true and correct. I have read the conditions of entrance and SWISS UMEF’s rules and regulations, and I hereby promise to abide by them and respect them.

Date and place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EF UNIVERSITY**

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| **SWISS UMEF UNIVERSITY**  Château d’Aïre 185–187 route d’Aïre • 1219 Aïre, Genève-Suisse • T +41 (0) 22 732 07 12 • admission@umef-university.ch • www.umef-university.ch |