



# APPLICATION FOR ADMISSION

Thank you very much for applying for an ESMT Open Program.

The submission of this Application for Admission is not to be understood as an enquiry. Once you receive the admission confirmation by email from the Admissions Office team, a binding contract is created (according to the German Civil Code, § 145) and cancellation fees will apply starting from eight weeks (56 days) before the program start date. You can view the cancellation policy for further information in our [General Terms and Conditions](#).

- An additional daily delegate rate will be applied – the amount of which will vary depending on the location of the program.
- All information submitted will be handled **confidentially** and will be used solely for program-specific purposes, monitoring class composition, participant profiles, ranking procedures, and statistical evaluations (see also our [Data Protection Information](#) according to European General Data Privacy Regulation, Art. 13 and 14.)
- Please submit this completed form via email to: [programs@esmt.org](mailto:programs@esmt.org)

\* mandatory fields

I am interested in the ESMT Postgraduate Diploma in Management and agree to be contacted by ESMT via e-mail or phone.

## 1 PROGRAM

|        |        |
|--------|--------|
| Title* | Dates* |
| .....  | .....  |
| .....  | .....  |

## 2 PARTICIPANT INFORMATION

|                                                                          |                 |
|--------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. Academic title | Parent company* |
| .....                                                                    | .....           |
| First name(s)*                                                           | email (office)* |
| .....                                                                    | .....           |
| Last name*                                                               | Website         |
| .....                                                                    | .....           |
| Company*<br><small>(incl. legal name)</small>                            | email (private) |
| .....                                                                    | .....           |
| Position*                                                                | Phone           |
| .....                                                                    | .....           |
| Department*                                                              | Mobile phone    |
| .....                                                                    | .....           |
| Street / no.*                                                            | Date of birth   |
| .....                                                                    | .....           |
| ZIP / city*                                                              | Nationality*    |
| .....                                                                    | .....           |
| Country*                                                                 | VAT-ID*         |
| .....                                                                    | .....           |

## 3 BILLING ADDRESS FOR TUITION

Please send an invoice to:\*  office address (as above)  different address (below)

|                                                                 |             |
|-----------------------------------------------------------------|-------------|
| Company*<br><small>(legal name)</small>                         | ZIP / city* |
| .....                                                           | .....       |
| <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. Name* | Country*    |
| .....                                                           | .....       |
| Department*                                                     | email       |
| .....                                                           | .....       |
| Street / no.*                                                   | VAT-ID*     |
| .....                                                           | .....       |

Additional information for invoice procedure:  
 .....  
 .....

**4 BILLING ADDRESS FOR DAILY DELEGATE RATE**

Please send an invoice to: \*  office address (as in section 2)  address for tuition (as above)  different address (below)

Company\* ..... (legal name) ..... ZIP / city\* .....

Ms.  Mr. Name\* ..... Country\* .....

Department\* ..... email .....

Street / no.\* ..... VAT-ID\* .....

Additional information for invoice procedure:  
.....  
.....

**5 CAREER PROFILE**

Experience leading (years) ..... Total team size you are leading (employees) .....

Please specify your main / current responsibilities:  
.....  
.....  
.....

**6 YOUR PERSONAL OBJECTIVES AND EXPECTATIONS \***

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

**7 ADDITIONAL INFORMATION**

- I graduated from ESMT Berlin (MBA, EMBA, MiM) in the year .....
- I have already attended an open or customized program at ESMT Berlin.
- I learned about ESMT Berlin Executive Education from .....

**8 CONSENT**

With sending this application form, the contracting partner accepts the general terms and conditions (GTC), which can be found at [www.esmt.org/gtc](http://www.esmt.org/gtc). This includes the processing of personal data of the contractual partner (see section 7 of the GTC) in compliance with the provisions of the GDPR. The contract results with the enrollment confirmation of the ESMT Admissions Team. Please also take note that the customer has the right to cancel, as defined in § 13 BGB [Bürgerliches Gesetzbuch – German Civil Code]. The ESMT Admissions Team would be happy to assist you with further inquiries regarding programs and the application procedure in general. Please call +49 30 21231-3130; email: [programs@esmt.org](mailto:programs@esmt.org)

..... Location / date \*