



# 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)

## 1 PROGRAM

Title .....  
.....  
Dates .....  
.....

## 2 PARTICIPANT INFORMATION

Ms.  Mr. Academic title ..... Parent company .....  
First name(s) ..... email (office) .....  
Last name ..... Website .....  
Company ..... (incl. legal name) ..... 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 ..... (legal name) ..... ZIP / city .....  
 Ms.  Mr. Name ..... Country .....  
Department ..... email .....  
Street / no. .... VAT-ID .....

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

#### 4 CAREER PROFILE

Experience leading current position (years)

Experience leading overall (years)

Total team size you are leading (employees)

Please specify your main / current responsibilities:

#### 5 YOUR PERSONAL OBJECTIVES AND EXPECTATIONS

#### 6 ADDITIONAL INFORMATION

- I graduated from ESMT Berlin (MBA, EMBA, MiM)
- I have already attended an open or customized program at ESMT Berlin

#### 7 HOW DID YOU LEARN ABOUT THE PROGRAM??

- Web search
- HR department
- Social media
- Rankings
- Recommendation
- Other:

#### 8 CONSENT

With sending this application form, the contracting partner accepts the **General Terms and Conditions (GTC)**. This includes the processing of personal data of the contractual partner (see section 9 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



# APPLICATION FOR A WOMEN'S SCHOLARSHIP

\* mandatory fields

The submission of this application form is not to be understood as automatic enrolment. In case no scholarship is awarded, the ESMT Admissions Office will confirm if a participation in the program is still an option and under which terms. Only then will the application turn into a binding contract.

Please note that the scholarship only covers the tuition fee. The daily delegate rate, as well as all travel and accommodation costs still need to be covered by the participant. Please submit this completed form together with a detailed CV to:

[bd@esmt.org](mailto:bd@esmt.org)

- Program: \*  [Executive Transition Program \(ETP\)](#)  
 [Bringing Technology to Market \(BTM\)](#)  
 [General Management Seminar \(GMS\)](#)

Type of scholarship: \*  Full scholarship  50% scholarship  Interested in both types

Do you have a general management role? \*  Yes  No  Shortly  Recently

Number of direct reports: \* ..... Number of indirect reports: \* .....

## YOUR MOTIVATION

Please give us some insights on your motivation for this application.

What would you like to achieve with the program? What would you like to learn more about or build upon?

.....

What challenging experiences are you facing? What challenges would you like to take on?

.....

What could be your contribution to the program and the group?

.....

What should we know about you?

.....

## CONSENT

With this signature I confirm my application for an ESMT women's scholarship.

.....  
Location / date / signature \*