



Managers
Academy



The
University
Of
Sheffield.



CITY College
An International
Faculty Of
The University.

APPLICATION

SECTION A GENERAL INFORMATION

FIRST NAME:

SURNAME/ FAMILY NAME:

DATE OF BIRTH:

GENDER:

TITLE OR POSITION:

COMPANY/ ORGANIZATION NAME:

COMPANY/ ORGANIZATION ADDRESS:
(street, city, country, zip code)

COMPANY/ ORGANIZATION
PHONE NUMBER:

COMPANY/ ORGANIZATION WEBSITE:

EMAIL:

HOME PHONE NUMBER/
MOBILE PHONE NUMBER:



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**SECTION B
EDUCATION**

COLLEGE/ UNIVERSITY:

OTHER DEGREE:

SEMINARS:

**SECTION C
WORKING EXPERIENCE**

Please list your positions in reverse
chronological order, starting with
your current one:

Please describe your current responsibilities,
including your level in the organization:



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**SECTION D
PROGRAM DETAILS**

TITLE OF MODULE:

Department in which you wish to study:

- STRATEGIC MANAGEMENT
- STRATEGIC MARKETING
- FINANCE

Do you wish to attend:

- SINGLE MODULE
- CERTIFICATE PROGRAM
- DIPLOMA PROGRAM
- MASTERS' PROGRAM

**SECTION E
SUPPORTING MATERIALS CHECK LIST**

The following supporting materials are required with all applications. Enclosed:

- Reference letter
- Translated copy of undergraduate degree
- Translated copy of undergraduate transcript with grades
- A biography note (CV)
- English language qualification evidence



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**SECTION F
DECLARATION**

Once you have completed this application form, please read the following statements carefully. By signing this application form you confirm your acceptance of these statements. If you do not sign this form, we cannot process your application.

I confirm that the information I have provided on this application form is (to the best of my knowledge) true, accurate, current and complete; and I agree to notify the Academy promptly if any information contained on this application form change, in order to keep it true, accurate, current and complete.

I confirm that all supporting work submitted as part of this application is entirely my own original work, except where clearly indicated otherwise, and does not include any plagiarised elements.

Please sign here to confirm acceptance of these statements:

SIGNATURE:

SIGNED (capital letters):

DATE: