

Application form

Executive MBA 2025–2027

FAMILY NAME

GIVEN NAME

SOCIAL SECURITY NUMBER

ADDRESS

TELEPHONE HOME

MOBILE PHONE

TELEPHONE WORK

E-MAIL

MY EMPLOYER'S NAME AND ADDRESS

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THE REASON FOR MY APPLICATION

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MY PARTICIPATION CAN CONTRIBUTE TO THE EXECUTIVE MBA GROUP IN THE FOLLOWING WAY

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MY EXPECTATIONS OF THE PROGRAMME

.....

DATE

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PLEASE SEND YOUR APPLICATION TO:

GU Executive Education

Attention: Mr. Håkan Ericson

P.O. Box 609, SE-405 30 Gothenburg, Sweden

APPLICANT'S SIGNATURE

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EMPLOYER'S SIGNATURE

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