

APPLICATION FORM

FOR ADMISSION TO



PERSONAL INFORMATION Name: First name: Date of Birth (DD/MM/YYYY) Sex: Female Male	Attach here a 2"x2" photograph taken within 6 months
Nationality: Address for Correspondence Contact number: Fax: Fax: E-mail: Are you a member of any business association? If yes, mention the name	
DETAILS OF CURRENT JOB Current job position: Date of Joining: Annual Salary in Main Responsibilities: Mame of the Company: Address of the Company: Address of the Company: E-mail: Activities of the Company: Number of Emp	lloyees:
WORKING EXPERIENCE (Start with the most recent employment)	
Position Held From (MM/YY) To Responsibilities	Name of the Company
 Practical experience in years (total) Number of years in leading positions (responsible for budget and/or personnel), or 	

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION FORM

	ACHIEVEMENT e Institution Dec	gree From (YYY	<u>Y) To</u>	Grade Point	<u>Ma</u>	jor Subject(s)	

	Highest level of education attended and successfully finished			From (YYYY) To Type o		of diploma	
				-			
LANGUAGE	PROFICIENCY: Descri	be your English languag	e profic	ciency:			
		Excellent		Good		Fair	
	Listen						
	Speak						
	Read						
	Write						
		anguage proficiency cert	ificate:	Yes/No	If yes, attac	ch a copy of your	
certificate How did v	/ou achieve your Englisl	h-Knowledge?					
		Period of time		Content, ach	ieved knov	vledge	
	□ Course						
	□ Stay abroad						
	□ Family						
•	F COURSE FEE						
□ Em	ticipant him-/herself ployer or institution	anlover					
□ Par	tly participant, partly em	ipioyer					
❖ How did	d you hear about the Int	ernational Master Progra	am in H	otel and Hospitali	ty Managen	nent?	
□ Sea	arch engine						
□ Pap	oer / magazine						
□ Oth	er (Please specify:						

RECOMMENDATIONS : Please provide below the inform recommendations.	nation about the persons you have requested to send your
1 st Person	2 nd Person
Name:	Name:
Position:	Position:
Address:	Address:
Email:	Email:
I hereby declare that all above information	listed by me is correct and accurate.

Applicant's signature: _	

Date:

CHECKLIST

Please ensure that you enclose the following documents with your application:

- 1. A copy of undergraduate and/or graduate certificate (in English)
- 2. An attested, official undergraduate and/or graduate transcript written in English
- 3. Recommendation letters from two recommenders
- 4. Resume (maximum of 2 pages)
- 5. One page statement of objective for joining the program

PLEASE MAIL YOUR APPLICATION TO:

Ms. Nguyen Thu Thuy - Program Coordinator

Management and Business Section MBS

Asian Institute of Technology in Vietnam,

Building B3, University of Transport and Communications, Lang Thuong, Dong Da Dist., Hanoi.

Tel: +84-4-37669493/ Ext. 117 Fax: +84-4-37669492 Email: <u>nthuy@aitcv.ac.vn</u>

INTERNATIONAL EXECUTIVE MASTER PROGRAM IN **HOSPITALITY MANAGEMENT**

FACHHOCHSCHULE SALZBURG UNIVERSITY OF APPLIED SCIENCES **ASIAN INSTITUTE OF TECHNOLOGY IN VIETNAM**



LETTER OF RECOMMENDATION



PART A - TO THE APPLICANT

F	PART B	- TO TI	HE REC	OMM	ENDER	₹	
The person named Program in Hospitali We ask your assistar	ty Manageme	nt at the As	sian Institut	e of Tech	nology in \	/ietnam AIT	-VN.
Full name of Recommender							
Name and Address of the Or	•						
		Email:					
1. How long and in wha	at capacity ha	ve you knov	vn the applic	ant?			
2. How would you rate	the applicant				I	·····	
	Unusually Outstanding (Top 5%)	Superior (Top 10%)	Excellent (Top 15%)	Good (Top Third)	Average (Middle Third)	Poor (Bottom Third)	N/A
Oral Communication Skills							
Written Communication Skills							
Ability to Work in Groups							
Leadership Qualities							
Problem Solving Ability							
Professional Experience							
Ability to Think Creatively							
Ability to Work Under pressure							

Ms. Nguyen Thu Thuy – Program Coordinator **Management and Business Section MBS**

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