



# LANSBRIDGE UNIVERSITY

## APPLICATION FOR ADMISSION

### Program Information

- Master of Business Administration (MBA) Program
- Executive MBA Program

### Personal Information

**Salutation**                      **First Name**                      **Middle Initial**                      **Last Name (Family Name)**

**Home Street Address**

**City**

**Province/State**

**Postal/Zip Code**

**Country**

**Area Code & Home Phone**

Please include the country code if outside North America.

**E-Mail**

### Employment Information

**Company Name**

**Job Title**

**Department**

**Company Web Site**

**Company Street Address**

**City**

**Province/State**

**Postal/Zip Code**

**Country**

**Area Code & Work Phone**

**Fax Number**

**E-Mail**

**Employment Experience****~ PLEASE ATTACH CURRENT RESUME ~**

Number of personnel in the area you manage

Full-time Experience

 Years

Managerial Experience

 Years**Education & Development**

Please provide a summary of your most recent post secondary educational qualifications.

1.  
Institution

Degree/Diploma/Designation

Field

Year Completed

2.  
Institution

Degree/Diploma/Designation

Field

Year Completed

**Payment**

There is a non-refundable application fee of \$75 which must be paid by credit card. Your application will be processed only when the application fee and the supporting documents are received

 Visa MasterCard

Credit Card Number

Expiry Date

(mm/yy)

**Please note: for admission acceptance, please forward the official transcript, business/academic letter(s) of reference, GMAT and TOEFL or IELTS scores if required, current resume, and documentation supporting any request for credit transfer / advance standing.**

I certify that the information in this application is accurate. I authorize all entities to provide relevant information to Lansbridge University for use in considering my application and waive any required notice to me. I understand and agree that any misrepresentation or omission of facts in this application will justify the denial or cancellation of admission.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return your application by fax: 1-506-459-2909 or by mail:

Lansbridge University

412 Queen St.

Fredericton NB E3B 1B6 CANADA

[www.lansbridge.edu](http://www.lansbridge.edu)