

SELINUS UNIVERSITY







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APPLICATION FORM DBA BY RESEARCH

This application, duly signed and completed in every part, with the required documents attached, must be returned by email at: info@selinusuniversity.it

PLEASE FILL IN THE FOLLOWING DOCUMENT IN CAPITAL LETTERS

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| Name | Surname | |
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| Resident in | Zip Code |) |
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| Being interested in following a Uniseli | nus study program to get a Doctor of Business Adm | ninistration degree in |
| Major: | | |
| I ask to be admitt | ed to the pursuit of academic research in the follow | ving subject: |
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| My final thesis will be submitted within | : 6 months 12 months 18 month | s 24 months |
| Thesis title: | | |
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| Academic Qualifications: | | |
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| Attach a copy of the following docume | ents: Identity card or passport, 1 passport size photo | Curriculum Vitae. |
| Destay of Business | Administration by Doscouch Total a | mount 6 2250 |
| | s Administration by Research - Total a | |
| To follow my study program, I wish to pa | | The payment method will be by bank transfer or paypal within 10 days since |
| in a single payment (10% discount | | receipt of the enrolment certificate. |
| in 6 consecutive monthly instalm | ents in 12 consecutive monthly instalments | The bank details will be communicated at the time of the enrollment. |
| I declare to have read the information avail | able on the website www.uniselinus.education and to acce | ept Uniselinus's status. |
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| | II be issued only upon complete payment of all due fees. Fi hat Uniselinus can suspend me from the program in case of | |
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| present the final thesis in the established ti | | |
| Date, place and signature | | |

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