Chartered Banker MBA Eligibility Request Form

1. Your Details

In order to determine the appropriate study route, fees and incentives in which you are eligible, please forward your resume to cbmba-admin@bangor.ac.uk. Alternatively you may complete the form below.

Candidates with a recognised postgraduate award or professional qualification may be asked to submit supporting documentation such as course transcript or syllabi that module exemption can be considered.

Surname							
Forenames				_			
Title				_			
Date of Birth							
	Month	Day	Year				
Home Address (include	postco	ode)					
Address line 1				_			
Address line 2				_			
City/Town				_			
State/Providence				_			
Zip/Postal Code				_			
Country							
Email Information							
Home Email					_		
Work Email							
Preferred Email							
Telephone Information							
Home Telephone							
Work Telephone							
Mobile Telephone							
Preferred Telephone							

2. Education

Please indicate education, academic and professional qualifications achieved, with the most recent first. (Continue on a separate sheet if required)

Date A	warded			Institution		Qualification / Aw	ard
Month Date A	Day warded	Year	_	Institution		Qualification / Aw	ard
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Month Date A	Day warded	Year		Institution		Qualification / Aw	ard
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Date A	warded			Institution		Qualification / Aw	ard
Month	Day	Year	_				
3. [Иem	bers	ship o	f Profess	sional	Bodies	
Please	give detai	ils of mem	bership of p	rofessional bodies	which you cu	ırrently hold	
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Professional Body		Memb	Membership Level		Membership No.		
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Professional Body		Memb	Membership Level		Membership No.		
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		ain Charte		after graduation, yo	ou will be req	uired to maintain m	embership of
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Total n	umber of	years in fu	ıll-time work	Years	Mont	hs	
Please	complete	this page	for your cur	rent/latest employe	er		
Addres	ss line 1	_					
Addres	ss line 2	_					
City/Te	own	_					

State/Providence

Zip/Postal Code							
Country							
Date of Employment	From				То		
	Month	Day	Year	_	Month	Day	Year
Name of Employer							
Position							
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5. Employr		His	story				
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Job Title							
Job Responsibilities							
Employer Name & Addre	ess			Emplo	yment Star	t Date	
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Job Title							
Job Responsibilities							

Employer Name & Address			Employ			
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6. Marketing	Intor	matio	n			
How did you hear about this M	BA program	ıme?				
Select Advertisement						
Sciect Advertisement						
Please Specify						
Office use only						
Verification checks completed:		Year				
Confirmed Route						
Date						
Mont	th Day	Year				