

FOR OFFICE USE ONLY

APPLICATION CHECKLIST

- Filled application form
- Baccalaureate Diploma (or equivalent) with the grades
- Copy of your Transcripts (Last two years of high school)
- Copy of ID or Passport
- Photo



Mediterranean School of Business

Les jardins du Lac II, Tunis Tunisie
Tel. +216 71 194 444 Fax. +216 71 194 500
E-mail: undergrad@msb.tn - Site web: www.msb.tn

APPLICATION FORM



Undergraduate Program

DEVELOPING

LEADERSHIP
TALENT WITH VISION
TEAMWORK

FOR OFFICE USE ONLY

APPLICANT: _____

DATE: _____

COHORT: _____

STUDENT ID: _____

Instructions

Please be precise when filling out this form. All fields must be completed.

Please provide the following supplementary material:

- Filled application form
- Baccalaureate Diploma (or equivalent) with the grades
- Copy of your Transcripts (Last two years of high school)
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- Photo

Instructions

Prière d'être précis lors du remplissage du formulaire et utiliser la langue anglaise. Veuillez joindre au dossier d'inscription les pièces suivantes :

- Formulaire d'admission dûment rempli
- Diplôme (baccalauréat)
- Copie conforme des relevés de notes des deux dernières années du lycée
- Copie de la CIN ou passeport
- Photo

All the material should be sent by e-mail to undergrad@msb.tn , or by post to the following address:

Mediterranean School of Business

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Tel. +216 71 194 444 Fax. +216 71 194 500

1. Personal Information

Please be precise when filling out this form. All required fields must be completed.

First Name:	
Maiden Name:	
Last Name:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	
Country of Birth:	
Nationality:	
Country of Residence:	
Passport or CIN number:	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married
Father :	Mother :
First Name:	First Name:
Last Name:	Last Name:
E-mail:	E-mail:
Phone:	Phone:

2. Personal Contact Information

Current Address:		
Postal Code:	City:	Country:
Home Telephone:		Cell Phone:
Personal Email:		
Have you already applied to the MSB Undergraduate Program <input type="checkbox"/> Yes, year: <input type="checkbox"/> No		
If permanent address is different from current address, please provide the following:		
Permanent Address:		
Postal Code:	City	Country
Home Telephone:		Cell Phone.....
Person to contact in case of emergency:		
First Name:		Last Name:
E-mail:	Phone	
Address:		

3. Academic

Please start with most recent degree. (At least one answer is required)

Degree	Dates m-y	Institution	Country

4. Language Skills

Please use the following scale to describe your command of the language (1-Excellent, 2-Good, 3-Average, 4-Poor, 5-Very poor).

Language	Writing	Oral	Reading	Award/Honors/ Scholarship

Have you taken an English Proficiency Exam?

No

Yes

TOEFL : Score :

Year:.....

IELTS : Score :

Year:.....

ITP : Score :

Year:.....

