

Home Tel / Cell:

Admission Test No.:		
JLAB Student ID No.:		

688 Beribadh Road, Mohammadpur, Dhaka - 1207, Bangladesh Cell: 01730 082 197, 01713 091 936, 01714 161 613 E-mail: admissions@ulab.edu.bd, Web: www.ulab.edu.bd

## ADMISSION APPLICATION FORM FOR GRADUATE PROGRAMS **Program Information** Please affix here Master of Business Administration (MBA) your recent passport size Executive Master of Business Administration (EMBA) color photograph Masters in Communication (MCOMN) Master of Arts in English - 1 Year (MA-1) (3.5 cm x 4.5 cm) Master of Arts in English - 2 Years (MA-2) Term: Spring Summer Fall Year Student Information Name of Student (in BLOCK Letters): First Name Middle Name Last Name Nick Name National ID No: \_\_\_\_ Passport No: \_\_\_\_ \_\_\_\_\_ Occupation: \_\_\_\_\_ Father's Name: \_\_\_ Cell: \_\_\_\_ E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_ Mother's Name: E-mail: \_\_\_\_\_ Spouse's Name (If Married): \_\_\_\_\_ Occupation: \_\_\_\_\_ Date of Birth Place of Birth Citizenship YYYY Female Other Religion Single Other Gender: Male Married Cell Blood group E-mail Present Address: (in BLOCK Letters) Permanent Address: (in BLOCK Letters) City / Town / Village: City / Town / Village: Post Code: Post Office: Post Office: Post Code: Police Station: District: Police Station: District:

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Home Tel / Cell:

## **Academic Background** List the schools and colleges you have attended or are now attending. Masters or equivalent: Institution Degree Name Passing Year CGPA/Div/Grade **Bachelor or equivalent:** Institution Degree Name Passing Year CGPA/Div/Grade HSC/GCE 'A' Level or equivalent: Institution Passing Year GPA/Grade Science/Business Studies/Humanities Address of College: \_ SSC/GCE 'O' Level or equivalent: Institution Passing Year GPA/Grade Group Science/Business Studies/Humanities Address of School: Are you a son/daughter of a freedom fighter? If yes, please attach the freedom fighter's certificate. Yes No Work Experience: Total years of full-time work experience: Name of Organizations From (MM/YY) - To (MM/YY) Designation Merit Scholarships, Academic Honors and Awards: Test Scores (if available) GRE **GMAT TOEFL IELTS**

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Local Guardian (If other than a parent)	
Name:	
Relationship with the student:	
Contact address:	
E-mail:	Cell:
Financial Guarantor	
i manciai Guarantoi	
Name:	Occupation:
Relationship with the student: Father Mother Other	er If other, specify
Contact address:	
E-mail:	Cell:
Note: The financial guarantor may be requested to provide proof of	income.
Declarations and Permissions:	
<ul><li>rule or for abetting violations.</li><li>4. I agree that withholding information requested in this application or liable for expulsion.</li></ul>	ensumption of tobacco products, alcohol, drugs and controlled Bangladesh premises, and that I may be expelled for violating this on or giving false information will make me ineligible for admission at home or abroad, I will do so voluntarily and at my own risk.
Full name of Applicant (in BLOCK Letters)	Signature of Applicant Date:
ULAB UNIVERSITY OF LIBERAL ARTS BANGLADESH  Test Venue:  Dhanmondi Campus	Instructions: Bring pen, pencil, sharpener, eraser, calculator. Mobile phones, smartwatches and bluetooth devices
Permanent Campus	must be kept with the invigilator during the exam.

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The University of Liberal Arts Bangladesh is committed to the principle of equal opportunity. It is open to all students with equivalent academic qualifications, and does not discriminate on the basis of age, race, gender, religion, nationality, ethnicity or social grouping. The final decision regarding admission will be based on the candidate's academic background and performances in the admission test and/or viva. The decision of the ULAB Admission Committee shall be final.

Please submit the following pap  1. Filled-in Application Form  2. Two recent passport-size  3. Copies of all certificates  4. Photocopy of National ID	ers to the Admission (this form).  Ed color photograp and mark-sheets.  To of the student and	hs. d one of the parents.				
An incomplete applicat	ion will not be ac	ccepted.				
For Office Use Only:						
Accepted Unconditionally		Accepted Condition	nally		Not Accepted	
Comments						
Bearing Inc.	Oha alaad baa		Dan arrange de de la constante		Annual des	
Received by Name: Date:	Checked by Name: Date:		Recommended by Name: Date:		Approved by Name: Date:	
Do not write below the perforation.						
Admission Test No. :						
				Please affix I	here	
Name:			your recer passport si	ze		
Degree Program:				color photogi	raph	
				(3.5 cm x 4.5	5 cm)	
Year:	Spring	Summer	Fall			
Test Date:						

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Authorized Signature

Prepared by Mohammad Zamal U.Bhuiyan Deputy Registar, Admissions Approved by Professor Imran Rahman Chair, Admissions Committee