

Admission Test No.:

ULAB Student ID No.:_

Plot-597/A, Ramchandrapur, Beribadh, Mohammadpur, Dhaka-1207 Cell: 01730 082 197, 01713 091 936, 01714 161 613 E-mail: admissions@ulab.edu.bd, Web: www.ulab.edu.bd

ADMISSIC	N APPLICATION FORM	FOR GRADUATE PRO	GRAMS	
Executive Master of Masters in Commu Master of Arts in El Master of Arts in El	nglish - 1 Year (MA-1) nglish - 2 Years (MA-2) nmer Fall Year			Please affix here your recent passport size color photograph (3.5 cm x 4.5 cm)
First Name National ID No:	Middle Name			Nick Name
Father's Name:			•	
):		- Occupation:	
Date of Birth		Place of Birth		Ditizenship
Gender: Male Female	Other Religion		Marrie	d Single
Blood group	Cell	E-mail		
Present Address: (in BLOCK L	etters)	Permanent Addres	S: (in BLOCK Letter	s)
City / Town / Village:		City / Town / Village:		
Post Office:	Post Code:	Post Office:		Post Code:
Police Station:	District:	Police Station:	I	District:
Home Tel / Cell:		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	Group	Passing Year GPA/Grade
	Science/Business Studies/Humanities	
Address of College:		
-		
SSC/GCE 'O' Level or equivalent:		
1.5.10.12.5		
Institution	Group	Passing Year GPA/Grade
	Science/Business Studies/Humanities	
Address of School:		
Are you a son/daughter of a freedom fighter?		
Yes No If yes, please attach the freedom fight	er's certificate.	
Work Experience:		
work Experience.		
Total years of full-time work experience:		
Name of Organizations	Designation	From (MM/YY) - To (MM/YY)
Merit Scholarships, Academic Honors and Awards:		
ment ocholarships, Academic Honors and Awards.		
Test Scores (if available)		
GMAT GRE	TOEFL	IELTS
		-

Local Guardian (If other than a parent)

Name:	
Relationship with the student:	
Contact address:	
E-mail:	Cell:
Financial Guarantor	
Name:	Occupation:
Relationship with the student:	Father Mother Other If other, specify
Contact address:	
E-mail:	_ Cell:

Note: The financial guarantor may be requested to provide proof of income.

Declarations and Permissions:

- 1. The university can use my name wherever relevant.
- 2. I will be bound by the rules and regulations of the university and the university Student Code of Conduct.
- 3. I accept that the manufacture, distribution, possession and consumption of tobacco products, alcohol, drugs and controlled substances are strictly prohibited on University of Liberal Arts Bangladesh premises, and that I may be expelled for violating this rule or for abetting violations.
- 4. I agree that withholding information requested in this application or giving false information will make me ineligible for admission or liable for expulsion.
- 5. If I participate in study tours, field trips, or exchange programs at home or abroad, I will do so voluntarily and at my own risk.
- 6. The above statements are correct and complete to the best of my knowledge.

Full name of Applicant	Signature of Applicant Date:
UNIVERSITY OF LIBERAL ARTS BANGLADESH	
	Instructions:
Test Venue: Dhanmondi Campus	Bring pen, pencil, sharpener, eraser, calculator.
Permanent Campus	Mobile phones, smartwatches and bluetooth devices 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.

REQUIREMENTS FOR APPLICATION:

Please submit the following papers to the Admission Office

- 1. Filled-in Application Form (this form).
- 2. Two recent passport-sized color photographs.
- 3. Copies of all certificates and mark-sheets.
- 4. Photocopy of National ID of the student and one of the parents.

An incomplete application will not be accepted.

For Office Us	e Only:		
Accepted Ur	nconditionally	Accepted Conditionally	Not Accepted
Comments			

Received by Name: Date:	Checked by Name: Date:	Recommended by Name: Date:	Approved by Name: Date:
Do not write below the perfor	ation.		
Admission Test No. :			
Name:			Please affix here your recent passport size color photograph
Degree Program:			
Year:	Spring Summ	er Fall	(3.5 cm x 4.5 cm)

Test Date: ____

Time: _

Authorized Signature