

APPLICATION FORM

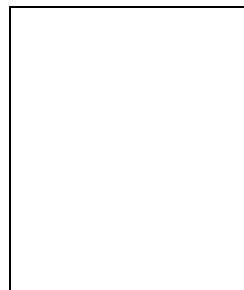
The Executive Master in ICT Audit & Security

2008

Please send back this form to :
Solvay Executive Education/ICT
Av. F. Roosevelt, 19 (CP 145/1)
B-1050 Bruxelles
Tel. : 02/650.65.20
Fax : 02/650.41.88 (please send
the original document by mail)
E-mail : Samir.Al-Haddad@ulb.ac.be

- First year: ICT Audit
- Second year: ICT Security
- The whole programme (two years)
- Following module(s) :

Please join an electronic
passport sized photo :



1. Biographical data

- Mr. Mrs. Ms.

First Name

Last Name.....

Date of Birth (Day/Month/Year)

Place and country of birth

Citizenship

Private address.....

.....

Tel Fax E-mail.....

Company

Business address

.....

Tel Fax E-mail

Marital status..... Spouse's profession

Mother language.....

English: **A** (Fluent), **B** (Good working knowledge), **C** (Simply ability), **D** (Some understanding).

Read

Written

Spoken

2. Academic Achievement

Please list all your academic qualifications, starting with most recent

First Degree	Main Subject	Institution	Grade of Award	Dates

3. Employment Experience

Please list all your employment experience, starting with most recent

Type of work	Employer	Position	Dates

Current Job, please give a brief description of your job

.....
.....
.....

4. How did you first hear about the Solvay Business School ICT Audit & Security Postgraduate?

- Mailing Friend Colleague Professor
 Press (please specify)

Web site

5. Personal profile, Please describe your extra-curricular and/or extra-professional activities in order of importance to you

Sport:.....
Other:

6. Professional certification, Please give a list of the certifications you already have (CISA, CISSP, ...)

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Employer's approval

To be completed by the employer, in case of financing by your company but is not necessary to send back your application form. Approval of the company may be sent later on.

If your company pays for the programme fee, please mention hereafter the name and address of the **person to whom the bill should be sent**:

First name & Last name
Position
Company
Address
Zip code City
Tel..... E-mail
VAT

Please mention hereafter the name and address of the **Human Resources Director** of your Company:

First name & Last name
Position
Company
Address
Zip code City
Tel..... E-mail

Employer's approval:

First name & Last name
Position
Company
Address
Zip code City
Tel..... E-mail
Date Signature

