



Additional Information

Immediate Supervisor

First and last name _____

Position _____

Phone _____

Email _____

Human Resource Contact

First and last name _____

Position _____

Phone _____

Email _____

Position Data

Work experience (years) _____

Management experience (years) _____

Memberships

Please state the month and year you became a member e.g. 09/2020 and upload a confirmation of membership in the applicant portal. Please note: None of the scholarships or discounts awarded may be combined with any other reduction offered by Rochester-Bern.

EDUCA SWISS _____

Ladies Drive _____

Swiss Venture Club (SVC) _____

VR-Circle _____

Womenbiz _____



Billing

Invoices associated with the Rochester-Bern EMBA can be billed to one address or can be split between the student and the company. If you are fully or partially supported by your company, please state the company's billing address below:

Financial support:

Other billing address:

Company	<hr/>
First and last name	<hr/>
Street	<hr/>
Additional info	<hr/>
Postal Code City	<hr/>
Phone	<hr/>
Email	<hr/>