



PRE-EVALUATION APPLICATION FORM (COMPULSORY)

Please read the explanation below before filling the form:

1. It is mandatory for all applicant to fill in this form is obligatory for all applicants.
2. Please make sure you **the correct title of for the master's program you would like to attend.**
3. In this form, there are two sections that you have to fill in:
 - The first section is to understand whether your bachelor degree is adequate for the master program you are applying to.
 - Second section is to evaluate your previous experience in this field

Please, notice that this document is originally composed of 3 (three) pages included this one. Be sure to go over all the pages and to provide all the required information. Incomplete forms will be rejected.

NAME / SURNAME:	E-MAIL ADDRESS:
SKYPE ADDRESS:	

Program to apply: MD Management Engineering (curriculum Business and technology Management)
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PART A: List here the courses you attended in your career / Bachelor Degree *Except for the last column (Notes), all the columns should be filled in by the student. The last column will be filled by the Academic Board.
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Major Areas of Study	Courses / Disciplines Accomplished (add as many rows as needed)	ECTS Credits (if available)	Years of Study	Hours of Study (per semester)	Notes* (To be filled by the Academic Board)
Mathematics ad Statistics	1				
	2				
	3				
	4				
	5				



Major Areas of Study	Courses / Disciplines Accomplished (add as many rows as needed)	ECTS Credits (if available)	Years of Study	Hours of Study (per semester)	Notes* (To be filled by the Academic Board)
Physics and chemistry	1				
	2				
	3				
	4				
	5				
Engineering and applied sciences	1				
	2				
	3				
	4				
	5				
Economics, Management and Industrial Engineering	1				
	2				
	3				
	4				
	5				



PART B: Please list other training / extracurricular activities including non-university activities (Professional Trainings / Courses, Internships, Certificates, Seminars, Jobs etc.)

*Except for the last column, all the parts should be completed by the student.

Description of the activity	Hosting Organization	Dates	Total Number of Hours	Notes* (To be completed by the Academic Board)