

**BITE** **Consulting** **Services** **ACADEMY PROGRAM**

**1.** **General** **information**

**NAME** **AND** **SURNAME** **OF** **APPLICANT**

**DATE** **OF** **BIRTH**

**PHONE**

**NATIONALITY** **OF** **THE** **APPLICANT**

**E-MAIL**

**UNIVERSITY YOU STUDY**

**FACULTY**

**YEAR WHICH YOU STUDY**

1 The applicant need to know that, signing the applications means be agree give information to BITE Consulting Services.

2 BITE Consulting Services Academy Program schedule organized and designed by experts of our organization.

1 | Academy Program Application



**BITE** **Consulting** **Services** **ACADEMY PROGRAM**

**2.** **Introduction** **of** **Course**

**CHOOSE YOUR INTEREST OF SAP COURSE (UNDERLINE YOUR CHOOSE):**

***“Finance / Management/Programing/Business Intelligence/ABAP Programing/Designing”***

**CHOOSE YOUR LEVEL OF QUALIFICATION (UNDERLINE YOUR CHOOSE), NOTE: EACH APPLICANT WILL HAVE SHORT TEST.**

***“ENTIRY LEVEL / MIDDLE LEVEL”***

**BECOME MEMBER OF OUR ACADEMY PROGRAM (UNDERLINE YOUR CHOOSE), NOTE: EACH APPLICANT FREE TO CHOOSE FOR BECOMING MEMBER OR NOT. IT IS IF FREE OF CHARGE.**

***“YES / NO”***

**DESCRIBE YOUR EXPERIENCE AND SKILL OF SPHERE THAT YOU CHOOSE** **(max.** **200** **words)**

**WHICH COURSE OR SPHERE IS CONNECTING WITH YOUR EDUCATION** **(max.** **200** **words)**

1 The applicant need to know that, signing the applications means be agree give information to BITE Consulting Services.

2 BITE Consulting Services Academy Program schedule organized and designed by experts of our organization.

2 | Academy Program Application



**BITE** **Consulting** **Services ACADEMY PROGRAM**

**3.** **Meetings**

**TYPE OF MEETINGS YOU WANT TO JOIN (UNDERLINE YOUR CHOOSE):**

***“LOCAL / INTERNATIONAL”***

**DO YOU HAVE BUSINESS IDEA TO DESCRIBE (UNDERLINE YOUR CHOOSE):**

**“YES (max. 200 words) / NO (still need to have experience)**

**BECOME YOUNG TALENT SPEAKER FOR MEETING WITH INVESTORS AND PARTNERS. DESCRIBE YOUR EXPERIENCE AND SKILLS FOR BUSINESS OR IT SPHERE. (max. 200 words)**

**Location** **/** **Date** **Applicant** **Signature**

1 The applicant need to know that, signing the applications means be agree give information to BITE Consulting Services.

2 BITE Consulting Services Academy Program schedule organized and designed by experts of our organization.

3 | Academy Program Application