



BACHELOR'S DEGREES



Application

PACKAGE

SWITZERLAND
GLION INSTITUTE OF HIGHER EDUCATION



Application Form – Bachelor's degrees

GLION & BULLE CAMPUSES, SWITZERLAND

01 About the applicant

Family name _____	First name _____
Male Female	Nationality _____
Date of birth (DD/MM/YYYY) _____	Marital status Single Married
Postal address _____	
City _____	State _____
Postal code _____	Country _____
Home phone _____ <small>(including country code)</small>	Mobile phone _____ <small>(including country code)</small>
Email _____	Alternative email _____

02 Education

Name of high school / college / university _____

City _____ Country _____

Highest qualification* _____

Completion date (DD/MM/YYYY) _____

*Please indicate the highest qualification you will receive upon completion of your studies.

03 English language level

Mother tongue _____

To apply for a Glion program, applicants are required to demonstrate proficiency in the English language (knowledge of English), and you may do so by meeting any **one** of the criteria listed below:

English is my mother tongue

My final two years of education were spent in an institution where English was the primary language of instruction

I can provide an official test score and supporting documentation:

IELTS score _____	TOEFL score _____
Cambridge First Certificate score _____	Cambridge Advanced score _____
Name of other provider _____	Score _____

04 Academic program

Please select the program you wish to enroll in:

BSc in International Hospitality Business (4 years including: Experiential Year + three internships/on-the-job experience)
(Optional: Applicants will select a specialization in BSc Semester 5. Global exchange semesters are available – more details provided once on campus.)

BSc in Luxury Business (4 years including: Experiential Year + three internships/on-the-job experience)

Intensive Hospitality and English Language Program (IHELP) – Pre-sessional English (6 weeks in Switzerland)
(Students study for six weeks at Glion or Bulle campus in Switzerland prior to the start of the BSc in Switzerland)

Please indicate the intake and year you wish to start:

Spring (YYYY) _____ Fall (YYYY) _____

05 Room, board & health insurance

Glion Switzerland has the following room and board options available. You will have the opportunity to select your preference once you are officially accepted and have paid the required pre-payment.*

Double room

Single room

Off campus**

Prepaid meals on campus

No meals on campus**

I want to contract health insurance with Glion

I have my own insurance and I am providing a copy***

* Accommodation is available on a first-come, first-served basis. Please refer to the 'Tuition and Other Fees' document for details.

** Off Campus and No meals options are available for final year students only.

***Please refer to the 'Tuition and Other Fees' document for eligibility.

06 Vocational & professional experience

Do you have professional working experience in a related field of study?

Yes (please provide details in your CV)

No

I can provide the supporting documents that I am holding a vocational baccalaureate linked to initial Vocational and Educational Training (VET) in a profession related to the field of study; or a professional or specialized baccalaureate in a specialization related to the field of study; or a secondary education diploma and a work certificate(s) demonstrating a minimum of one year work experience in the relevant field, I am therefore not required to complete the Experiential Year prior to entering the Bachelor in Hospitality Business or in Luxury Business.

Yes, I **can provide** supporting documents and am **not required** to complete the Experiential Year

No, I **cannot provide** supporting documents and **am required** to complete the Experiential Year

07 Medical needs & learning differences

Please note, it is expected that all students that are enrolled on a program are fit to undertake and complete their studies. However, should a situation arise where there are concerns as to a student's fitness to study, the school will always try to accommodate by organizing reasonable appropriate support with the aim of supporting the student to start and continue with their studies. In rare cases, where this is not possible, the student may be de-matriculated. We always invite students to share any learning difference or medical condition that they believe might affect their fitness to study as early as possible so that we can discuss and organize appropriate support in due time.

08 About the Parent/Legal Guardian or emergency contact

Mr. Ms.

Family name _____

First name _____

Postal address _____

City _____

State _____

Postal code _____

Country _____

Home phone _____

Mobile phone _____

Email _____

Alternative email _____

Relationship with applicant (you may tick multiple boxes):

Parent

Guardian

Emergency contact

09 Application fee

Please pay the application fee of CHF 275 online at:

10 Application statement

Application statement

I understand that any information required as part of the application process is necessary to fulfil the identified purposes. I hereby declare that all information and attachments given as part of the application process are exact and complete. I understand that any statement which proves to be untrue or purposely misleading will render the application void and that if inaccuracies are highlighted at a later stage, the School retain the right to retract any offer made or expel me with no refund of fees.

I agree to abide by the totality of the School regulations, policies and procedures governing admission, enrollment and my studies at Glion, as they may be revised from time to time, including but not limited to the School Terms & Conditions and other regulations, policies and procedures related to academic life, student life and residency or finance. In particular, I understand that the fees and other financial conditions are modified once a year and I accept their revision.

I hereby declare to abide by the laws of the location of the campus where I intend to study / will be studying in case of a dispute related to the interpretation or to the execution of my legal obligations towards the School and accept the exclusive competence of the Courts of such a location.

I have read and understood the above conditions and accept them in full.

Authorization to use image, voice and name

As part of the normal business activity, Glion may undertake advertising campaigns that may involve students' image, voice and name. This use includes publications and distribution in printed, electronic and digital media, including but not limited to, course materials and brochures, video and audio broadcast programs, and website, social media and online communications. No economic or any other rights may come from the use of my image in the above mentioned terms.

I hereby grant right to use my image, voice and name for the purpose of the above mentioned

I hereby do not grant right to use my image, voice and name for the purpose of the above mentioned.

Name of Applicant _____

Signature of Applicant _____

Name of Parent/Legal Guardian _____
(if applicant is under 18 years old)

Signature of Parent/Legal Guardian _____ Date (DD/MM/YYYY) _____
(if applicant is under 18 years old)

Please upload to the Online Application, or email to info@glion.edu or send to your Education Counselor.

Data Protection Statement

In accordance with data privacy regulations, we inform you that personal data provided on this form by you will be treated with the sole purpose of managing your application and, in case of being accepted, opening your school record, which will be later used for academic purposes. Medical information will be used to ensure you are fit to start and continue learning at Glion or to make sure we can adjust our teaching methods or attend any special need during your stay.

Your personal data will be stored as long as is necessary for the above-mentioned purpose extended by the duration of the applicable limitation period where relevant. When necessary to fulfil the above-mentioned purpose, your personal data may be transferred to our parent company Sommet Education Sàrl in Switzerland or one of its affiliates as well as to local authorities for visa issuance purpose.

Any financial information or any information related to your studies that has a financial impact may also be shared with your parent and/or sponsor who have a legitimate interest to be informed. Further information on how we use your personal data may be found at www.glion.edu/privacy-policy. Please read our Privacy Notice carefully before completing this form. At any given time, you may exercise your rights in data protection writing to dpo@sommet-education.com.



Study/post-study plan

GLION INSTITUTE OF HIGHER EDUCATION

Please write a short essay describing your ambitions, why you wish to study at Glion, and what you will contribute to the institution as a student and alumni (**approximately 300 words, no more than one page**).

Post study statement

I hereby guarantee that I will leave Switzerland at the end of my studies at Glion Institute of Higher Education.

Name of Applicant _____

Date (DD/MM/YYYY) _____ Signature of Applicant _____

Please upload to the Online Application, or email to info@glion.edu or send to your Education Counselor.

In accordance with data privacy regulations, we inform you that any personal data provided will be treated with the sole purpose of managing your application.

Your personal data will be stored as long as is necessary for the above-mentioned purpose extended by the duration of the applicable limitation period where relevant. When necessary to fulfil the above-mentioned purpose, your personal data may be transferred to our parent company Sommet Education Sàrl in Switzerland or one of its affiliates.

Further information on how we use your personal data may be found at www.glion.edu/privacy-policy. Please read our Privacy Notice carefully before completing this form. At any given time, you may exercise your rights in data protection writing to dpo@sommet-education.com.



Letter of commitment from financial sponsor

GLION INSTITUTE OF HIGHER EDUCATION

Type of Financial Sponsor:

Individual Sponsor

Corporate Sponsor

Individual Financial Sponsor details

Family name _____

First name _____

Nationality _____

Date of birth (DD/MM/YYYY) _____

Passport or ID number (please specify) _____

Relation to applicant _____

Postal address _____

City _____

State _____

Postal code _____

Country _____

Home phone _____
(including country code)

Mobile phone _____
(including country code)

Email _____

Please specify if you possess a private residential permit in Switzerland:

Private B permit

C permit

Swiss passport

Corporate Financial sponsor details

Company name _____

Company representative full name _____

Position in company _____

Relation to applicant _____

Postal address _____

City _____

State _____

Postal code _____

Country _____

Telephone _____
(including country code)

Email _____

I hereby guarantee that _____ is capable of financing and commit to pay for
Mr./Ms. _____'s studies at Glion Institute of Higher Education and all of his/her expenses.
I understand that the fees and other financial conditions are modified once a year and I hereby accept their revision.

I hereby declare to abide by the laws of the location of the campus where the student intends to study / will be studying in case of a dispute related to the interpretation or to the execution of my legal obligations towards the School and accept the exclusive competence of the Courts of such location.

Date (DD/MM/YYYY) _____ Signature of the Sponsor / company representative _____

Please email to info@glion.edu or send to your Education Counselor.

In accordance with data privacy regulations, we inform you that any personal data provided will be treated with the sole purpose of managing the present commitment and the rights and obligations born from it.

Your personal data will be stored as long as is necessary for the above-mentioned purpose extended by the duration of the applicable limitation period where relevant. When necessary to fulfil the above-mentioned purpose, your personal data may be transferred to our parent company Sommet Education Sàrl in Switzerland or one of its affiliates.

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Parental consent & declaration

GLION INSTITUTE OF HIGHER EDUCATION

Applicants who are below the age of 18 at the start date of their studies must have their parent/legal guardian complete this form.

To be filled in by your parent/legal guardian

I, the undersigned (please tick): ☐ Parent ☐ Legal Guardian

Family name _____ First name _____

Postal address _____

City _____ State _____

Postal code _____ Country _____

Home phone _____ Mobile phone _____
(including country code) (including country code)

I hereby declare that I have legal custody of the child:

Applicant's family name _____ Applicant's first name _____

Date of birth (DD/MM/YYYY) _____

Mailing address _____

City _____ State _____

Postal code _____ Country _____

I acknowledge that Glion is an adult environment, and, therefore, I assume responsibility for the well-being and actions of the minor mentioned above.

This general consent expressly also includes independent participation in voluntary activities and events organized by the school including, but not limited to, general sports activities and/or events organized by the student body.

Medical consent: The medical staff of Glion Institute of Higher Education have my permission to evaluate and treat my minor child in the event of a medical emergency.

With this general consent, I also agree to all communications and notifications from the school becoming effective by being addressed directly to my child.

This consent will remain in effect until the applicant's 18th birthday.

Date (DD/MM/YYYY) _____ Signature of Parent/Legal Guardian _____

Please upload to the Online Application, or email to info@glion.edu or send to your Education Counselor.

In accordance with data privacy regulations, we inform you that any personal data provided will be treated with the sole purpose of managing the present commitment and the rights and obligations born from it.

Your personal data will be stored as long as is necessary for the above-mentioned purpose extended by the duration of the applicable limitation period where relevant. When necessary to fulfil the above-mentioned purpose, your personal data may be transferred to our parent company Sommet Education Sàrl in Switzerland or one of its affiliates.

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International assistance

Get in touch with an Education Counselor

If you need help with your application, please do not hesitate to contact us.
Our team will put you in touch with an education counselor or admissions advisor in your region.

+41 (0)21 966 35 35
info@glion.edu
linktr.ee/glion.edu

A **SOMMET EDUCATION** BRAND

Glion campus

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Route de Glion 111
1823 Glion sur Montreux
Switzerland

London Campus

Glion Institute of Higher Education
Downshire House
Roehampton Lane
London, SW15 4HT
United Kingdom

Bulle Campus

Glion Institute of Higher Education
Rue de l'Ondine 20
1630 Bulle
Switzerland

