

BACHELOR'S DEGREES



SWITZERLAND
GLION INSTITUTE OF HIGHER EDUCATION







Application Form - Bachelor's degrees

GLION & BULLE CAMPUSES, SWITZERLAND

OI About the applicant			
Family name	First name		
Male Female	Nationality		
Date of birth (DD/MM/YYYY)	Marital status Single Married		
Postal address			
City	State Country		
Postal code			
Home phone (including country code)			
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 comple	etion of your studies.		
03 English language level			
Mother tongue			
To apply for a Glion program, applicants are required to a you may do so by meeting any one of the criteria listed by	demonstrate proficiency in the English language (knowledge of English), and below:		
English is my mother tongue			
My final two years of education were spent in an instit	ution where English was the primary language of instruction		
I can provide an official test score and supporting doc	umentation:		
IELTS score	TOEFL score		
Cambridge First Certificate score	Cambridge Advanced score		
Name of other provider	Score		
04 Academic program			
74 Academic program			
Please select the program you wish to enroll in:			
BBA in International Hospitality Business (4 years – th (Optional: Applicants will select a specialization in Semester 6. Global ex BBA in Luxury Business (4 years – three internships/on-t	xchange semesters are available - more details provided once on campus.)		
DDA III LUXUI y DUSIII ess (4 years - three internships/on-i	ле-јов-ехрепенсе шошиеи)		
Intensive Hospitality and English Language Program (I (Students study for six weeks at Glion or Bulle campus in Switzerland pr	HELP) – Pre-sessional English (6 weeks in Switzerland) rior to the start of the BBA in Switzerland)		
Please indicate the intake and year you wish to star			
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*7

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 Professional experience

Do you have professional working experience in a hospitality-related field?

Yes (please provide details in your CV)

No

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 approprate support in due time.

08 About the Parent/Legal Guardian or emergency contact

Mr.	Ms.		
Family name_			First name
Postal addres	S		
City			State
Postal code _			Country
Home phone			Mobile phone
Email			Alternative email
Relationship	vith applicant (you may ti	ck 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.

vame of Applicant	
Signature of Applicant	
Name of Parent/Legal Guardian	
Signature of Parent/Legal Guardian	Date (DD/MM/YYYY)

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

Data Protection Statement

Name of Applicant

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 fulfill 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 document-education.com.







Study/post-study plan

GLION INSTITUTE OF HIGHER EDUCATION

Please write a short essay describing your as a student and alumni (approximately 30)		Glion, and what you will contribute to the institution
Post study statement		
I hereby guarantee that I will leave S	Switzerland at the end of my stud	ies at Glion Institute of Higher Education.
Name of Applicant		
Date (DD/MM/YYYY)	Signature of Applicant	

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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

If you are a self-sponsored student, please complete your own details in this form.

Financial	sponsor	detail	ls

Mr. Ms.		
Family name		First name
Nationality Passport or ID number (please specify)		Date of birth (DD/MM/YYYY)
		Relation to applicant
Postal address		
City		State
Postal code		Country
Home phone(including country code)		Mobile phone (including country code)
Please specify if you posse Private B permit	ess a private residential C permit	permit in Switzerland: Swiss passport
studies at Glion Institute	of Higher Education	cing and commit to pay for Mr./Ms''s n and all of his/her expenses. I understand that the fees and other financial
I hereby declare to abide	by the laws of the lo	reby accept their revision. ccation of the campus where the student intends to study / will be studying in n or to the execution of my legal obligations towards the School and accept uch location.
Date (DD/MM/YYYY)	Signat	ture of Sponsor

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

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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 the first semester 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 (including country code)	Mobile phone (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 as mentioned above.	ssume responsibility for the well-being and actions of the minor
This general consent expressly also includes independent participational including, but not limited to, general sports activities and/or events or	
Medical consent: The medical staff of Glion Institute of Higher Educathe event of a medical emergency.	tion have my permission to evaluate and treat my minor child in
With this general consent, I also agree to all communications and not directly to my child.	fications from the school becoming effective by being addressed
This consent will remain in effect until the applicant's 18th birthday.	
Date (DD/MM/YYYY) Signature of Parent/Legal	Guardian

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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

Glion Institute of Higher Education 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

