

Application package



Les Roches
Crans-Montana
Switzerland



Undergraduate
programs



Application form

1. About the applicant

Male	Female	Address	
Family name			
First name	City	State	
Nationality	Postal code	Country	
Date of birth (DD/MM/YYYY)	Home phone		
Email	Mobile phone		
Please specify if you hold a private residential permit in Switzerland	B permit from previous school	Swiss passport	
	C permit	Private B permit	
(For US applicants only) Social Security number			

2. Education

Name of high school/college/university	
City	Highest qualification*
Country	Completion date (DD/MM/YYYY)

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

3. Language levels

Please indicate your mother language: _____

Please indicate your language level according to the below framework:

A1 - Beginner ; A2 - Elementary ; B1 - Intermediate ; B2 - Upper Intermediate ; C1 - Advanced ; C2 - Proficiency

English	French	German	Spanish
_____	_____	_____	_____

4. Academic program

Pre-sessional programs

<input type="checkbox"/> Bachelor of Business Administration in Global Hospitality Management (4 years)	<input type="checkbox"/> IHELP (Intensive Hospitality English Language Program) (6 weeks - Switzerland)
	<input type="checkbox"/> IHELP (Intensive Hospitality English Language Program) (15 weeks - Marbella: prior to the start of the BBA in Switzerland)

Please indicate the intake and the year you wish to start:

Spring (YYYY)

Fall (YYYY)

Application form

5. Room, board and insurance

Accommodation on campus + full board compulsory*

☐

I want to contract health insurance with Les Roches Crans-Montana**

☐

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

*Double room (only for the Bachelor's first semester students), single room as of third semester of the Bachelor (first semester students can opt for a single room at an additional cost upon availability)

**Please refer to the "Fees & other expenses" document for eligibility.

6. Medical needs and 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.

7. About the parent/legal guardian/emergency contact

☐

Mr.

☐

Ms.

Address

First name

Family name

City

Relationship with applicant (you may tick multiple boxes)

State/Province

☐

Parent

☐

Guardian

☐

Emergency contact

Postal code

Home phone

Country

Mobile phone

E-mail

8. Application fee

Please pay the application fee of CHF 275 online at www.lesroches.edu/apply/application-fees-switzerland

Application form

8. Application statement

I understand that the information required is necessary to fulfil the purpose of the document. I hereby declare that all information and attachments given in this application 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, enrolment and my studies at Les Roches, 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 location.
I have read and understood the above conditions and accept them in full

Authorization to use image, voice and name

Photo/video may be taken during your stay at Les Roches. Where you are not the subject of the image, i.e. if it is a "group" or "crowd" photograph, we may use such images without requiring your consent, however, where you are the subject of the photo/video, we need your explicit consent to use the image.

☐

By checking this box, I acknowledge that, although I am not required to accept the use of my name, photograph, image, voice or other likeness for publication and distribution purpose, I hereby give my consent to Les Roches to do so, whether in printed, electronic or digital media including, but not limited to, course materials and brochures, video and audio broadcast programs, and website, social media and online communications. I also consent to the use of statements, comments, or opinions I might make, whether oral or written, referring or relating to Les Roches and its affiliates, business, or programs. I hereby grant to Les Roches and its affiliates, all right, title, and interest that I may acquire in such photographs and/or videos, including if applicable the right to copyright them and to use, reuse, publish and republish them, in whole or in part as they deem appropriate without restriction as to manner, frequency or duration of usage. Any materials produced hereunder will be and remain the sole and exclusive property of Les Roches and I hereby waive any right to review such materials prior to their use. The consent given herein is given on the express understanding and condition that no reward or compensation is or shall be due to me. I further understand that I may revoke this authorization in writing at any time, except for information which have already been released or published with consent and prior to my revocation. I hereby release and discharge Les Roches and its affiliates from any and all claims and demands arising out of or in connection with the use of the photographs and/or videos in accordance with this consent, including without limitation any and all claims for libel or invasion of privacy.

If underage, consent of parent or legal guardian is required:

I hereby certify that I am the parent or guardian of the minor named above, and I approve the foregoing on behalf of the minor.

☐

I do not give my consent for the use of my name, photograph, image, voice or other likeness.

Read and agreed,

Applicant name:

Date (DD/MM/YYYY):

Signature of applicant

Parent/legal guardian name:

Date (DD/MM/YYYY):

Signature of the parent/legal guardian (if applicant is under 18 years old)

Data Protection Information

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 Les Roches 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 lesroches.edu/legal-information. 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

What motivates you to study hospitality? Explain why you would like to study at Les Roches. Discuss your interests, past experiences and future ambitions.

(Maximum 300 words, no more than one page)



I hereby guarantee that I will leave Switzerland at the end of my studies at Les Roches Global Hospitality Education.

Signature of applicant

Date (DD/MM/YYYY)

Name of applicant

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

Letter of commitment from financial sponsor

Individual Financial Sponsor

Sponsor details

Mr.	Ms.	Email	
Family name		Home phone	
First name		Mobile phone	
Nationality		Address	
Date of birth (DD/MM/YYYY)			
Passport or ID N° (please specify)		City	State
Relation to applicant		Postal code	Country
Please specify if you possess a private residential permit in Switzerland:			
Private B permit	C permit	Swiss passport	

(student's first name and family name)

I hereby guarantee that I am capable of financing and commit to pay Mr./Ms. _____

studies at Les Roches Global Hospitality Education and all of his/her expenses. 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 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
_____	_____

Data Protection Information - Sponsor letter

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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Letter of commitment from financial sponsor

Corporate Financial Sponsor

Sponsor details

Company commercial name

Company tax name

VAT number

Company representative position

☐ Mr. ☐ Ms.

First name

Family name

Nationality

Date of birth (DD/MM/YYYY)

Passport or ID N° (please specify)

Address

City

State/Province

Postal code

Country

Home phone

Mobile phone

Email

(student's first name and family name)

I hereby guarantee that I am capable of financing and commit to pay Mr./Ms. _____

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Date (DD/MM/YYYY)

Signature

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

Parental consent and declaration

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

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

To be filled in by your parent/legal guardian

I, the undersigned:

☐

Parent

☐

Legal guardian

First name

Family name

Home phone

Mobile phone

Email

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

Applicant first name

Applicant family name

Date of birth (DD/MM/YYYY)

and I acknowledge that Les Roches 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 organised by the school, including but not limited to general sports activities and/or events organised by the student body.

Medical consent

The nurses and medical staff of Les Roches have my permission to evaluate and treat the 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 the minor child listed above.

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

Date (DD/MM/YYYY)

Signature of parent/legal guardian

Data Protection Information - Minor form

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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Campus address
Les Roches Global Hospitality Education
CH-3975 Bluche/Crans-Montana
Switzerland

apply.lesroches.edu
info@lesroches.edu



Facebook
LesRoches [🔗](#)

Instagram
@lesrochesswitzerland [🔗](#)

Twitter
@lesrochesnews [🔗](#)

LinkedIn
Les Roches [🔗](#)

Youtube
Les Roches Crans-Montana
Switzerland [🔗](#)

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