



Application
package

MASTER'S EXPERIENCE PROGRAM 2024
SWITZERLAND

Glion Institute of Higher Education



Application Form Master's Experience Program

GLION INSTITUTE OF HIGHER EDUCATION

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 and subject _____	Completion date (DD/MM/YYYY) _____
Type of school Private Public / State International	

03 English language level

Mother tongue _____

To apply for Glion's Master's Experience 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

I have a recommendation letter from my high school counselor or Glion representative

For the last two years, I have been studying in a school where English is 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:

Master's Experience Program

One-week course in Switzerland

For students aged 18-26 years

21-28 July 2024 (CHF 3,500)

05 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.

06 About the Parent/Legal Guardian or emergency contact

Mr.	Ms.	Languages spoken _____
Family name _____		First name _____
Postal address _____		
City _____		State _____
Postal code _____		Country _____
Home phone _____		Mobile phone _____
Email _____		Alternative email _____

07 Method of payment

The invoice which details the method of payment will be included alongside your acceptance letter.

08 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 _____
(if applicant is under 18 years old)

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

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.



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.

info@glion.edu
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GLION CAMPUS

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