



Application package

**BACHELOR'S DEGREE IN INTERNATIONAL HOSPITALITY BUSINESS
LONDON**

Glion Institute of Higher Education



Applying to Glion

STEP-BY-STEP GUIDE

01

Submit your application

We strongly recommend to all students to apply early. If you need a visa, please be sure to allow enough time between your application and the start of the semester.

02

Prepare for your admissions assessment

Within two days of submitting your documents

You will be contacted to schedule your admissions assessment.

03

Receive a letter of offer

Within 1-2 weeks

04

Confirm your acceptance

Within 15 working days of receiving your letter of offer

To confirm your place at Glion, you must make the pre-payment on your tuition fees as outlined in your offer letter. This also confirms your acceptance to Glion's Terms and Conditions. You will then be sent a complete acceptance package that contains:

- Invoice for the first semester
- Pre-arrival and campus guide booklet
- Attestation for visa (if required)

05

Pre-arrival support

Until your program starts

To help you prepare for your program, we offer:

- Visa support services
- Arrival assistance
- New student Facebook group

06

Arrival on campus

Your first week on campus

On official arrival days, we will welcome you with:

- Welcome booth at designated airport
- Check-in and registration
- Transportation services
- Welcome events
- Induction days



Application Form - Bachelor's degree

LONDON CAMPUS, UNITED KINGDOM

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 _____
Country of birth _____	

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 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:

I am a national of a **majority English speaking country*** Please specify country _____

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 _____

* A list of majority English speaking countries is detailed on the website for the UK government: www.gov.uk/tier-4-general-visa/knowledge-of-english

** Non-EU/EEA passport holders will be required to apply for a TIER 4 (General) student visa to enter the UK; therefore, these applicants will be required to undertake IELTS for UKVI: Undergraduate applicants: A minimum score of IELTS for UKVI 5.5 overall (min. 5.5 in every subcomponent) is acceptable for a student visa application

A list of tests and test centres approved by UK Visas and Immigration is detailed on the website for the UK government: www.gov.uk/government/publications/guidance-on-applying-for-uk-visa-approved-english-language-tests

04 Academic program

Please select the program you wish to enroll in:

BBA in International Hospitality Business (3.5 years – two internships included)
(Optional: Applicants will select a specialization in Semester 6. Global exchange semesters are available – more details provided once on campus.)

BBA in International Hospitality Business (4-year program with immersive English Language study in year 1 - two internships included)
(Optional: Applicants will select a specialization in Semester 6. Global exchange semesters are available – more details provided once on campus.)

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 BBA in Switzerland)

Please indicate the intake and year you wish to start:

Spring (YYYY) _____ Fall (YYYY) _____



05 Room and board

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**

Students will receive a communication about accommodation options available in London before semester 3 arrival.

* 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.

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 and learning differences

If you have a learning difference or medical condition which means that you may require additional help during your studies and stay on campus, it is important to provide the following information which will be kept confidential and should not affect your academic eligibility to the School.

Do any of the below conditions apply to you? No Yes (please provide details)

Learning differences (e.g. dyslexia, dyscalculia, ADD, etc.) _____

Mobility/hearing/vision _____

Given the nature of studies (practical, academic) and the residential campus setting at Glion, please be aware that this could be an area where challenges may occur.

Medical needs and any other condition you would like to share with us _____

Would you like to receive information on medical/learning support services, equipment or facilities available that may assist you? Yes No

08 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 _____

10 Application fee

Please pay the application fee of GBP 175 online at:

11 How did you hear about us?

Are you working with an education counselor to support your application to Glion? Yes No If yes, please state:

Name of the representative/company _____

If company, name of contact (if known) _____ Location of the representative _____

If applicable, tell us from whom you heard about Glion (If applicable, name and approximate year of graduation)

Glion current student _____

Glion graduate _____

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.



UK visa questionnaire

LONDON CAMPUS, UNITED KINGDOM

Questions

	Yes	No
Have you had a Tier 4 Student or Student Route Visa for the UK before?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a Short Term Study Visa (STSV) for the UK within 6 months before you join Glion London?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been refused a visa for the UK or any other country?	<input type="checkbox"/>	<input type="checkbox"/>

Please note that this document is not a Visa application.

I understand that starting my Program in London is subject to immigration permission (such as but not limited to a Student Route visa) which will be issued by the UK Government and that Glion is neither involved or holds any influence over this decision.

In order to process my application, Student Eligibility Checks may be necessary and I hereby consent to the sharing of my personal data between Glion and UK Visas and Immigration (UKVI) for the purpose of Student Eligibility Checks. I understand that this application will serve as a Confirmation of Acceptance of Studies* request form, should I require a Student Route visa to study at Glion.

Applicant's full name _____

Signature of the Applicant _____

Date (DD/MM/YYYY) _____

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

*A Confirmation of Acceptance of Studies is confirmation from Glion to the immigration authorities that we are willing to sponsor you.

In accordance with data privacy regulations we inform you that any personal data provided will be treated by Glion with the sole purpose of managing the present commitment and the rights and obligations born from it. Your personal data will be stored within the legally stipulated periods. 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. At any given time, you may exercise your rights in data protection writing to dpo@sommet-education.com.



Study/post-study plan/motivation letter

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**).

Date (DD/MM/YYYY) _____ Signature of the 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.

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Post-study statement

GLION INSTITUTE OF HIGHER EDUCATION

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

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

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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 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 _____ <small>(including country code)</small>	Mobile phone _____ <small>(including country code)</small>
Email _____	

I hereby guarantee that I am 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 _____

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

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Parental consent and 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 _____ <small>(including country code)</small>	Mobile phone _____ <small>(including country code)</small>

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 the Parent/Legal Guardian _____

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

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Video/photo release agreement

GLION INSTITUTE OF HIGHER EDUCATION

Video/photo may be taken during your stay at Glion Institute of Higher Education. 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 Glion Institute of Higher Education 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 Glion Institute of Higher Education and its affiliates, business, or programs. I hereby grant to Glion Institute of Higher Education 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 Glion Institute of Higher Education 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 Glion Institute of Higher Education 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 approve the foregoing.

Name of the Applicant _____

Signature of the Applicant _____

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

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

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

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Signatory letter

GLION INSTITUTE OF HIGHER EDUCATION

Please read the statement below and confirm you agree by completing where indicated

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.

Name of the Applicant _____

Signature of the Applicant _____

Date (DD/MM/YYYY) _____

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

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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.

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info@glion.edu
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Glion campus

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Route de Glion 111
1823 Glion sur Montreux
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Roehampton Lane
London, SW15 4HT
United Kingdom

Bulle Campus

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1630 Bulle
Switzerland

