



## 1. About the Applicant

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Male  Female Nationality \_\_\_\_\_

Date of Birth    Marital Status  Single  Married

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
(including country code) (including country code)

Email \_\_\_\_\_ Alternate Email \_\_\_\_\_

## 2. Education

Name of High School / College / University \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Highest Qualification \_\_\_\_\_ Completion Date

Type of School  Private  Public / State  International

## 3. 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
- For the last three 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 Provider \_\_\_\_\_ Score \_\_\_\_\_

## 4. Academic Program

Please select the program you wish to enroll on:

- 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.)
- MSc in International Hospitality Business** (1.5 years – internship included)  **Hospitality Immersion Program** (4 weeks)  
(Pre-sessional program)
- Dual MBA and MSc in International Hospitality Business** (2 years – one full year on the job included)  
(This program is in partnership with GEM Grenoble Ecole de Management in Glion, Switzerland.)
- Intensive Hospitality and English Language Program (IHELP) – Pre-sessional English** (6 weeks)  
(Students study for six weeks at Glion Switzerland campus prior to the start of Semester 1 of the BBA / MSc program)
- Intensive Hospitality and English Language Program (IHELP) – In-sessional English** (20 weeks)  
(Students study for 20 weeks at Glion Switzerland campus prior to the start of Semester 1 of the BBA program)

Please indicate the month and year you wish to start:  Feb.   Sept.

(Dual Master program applicants may only select 'Sept.' as this program has one intake per year.)

## 5. Room and Board

Please select your preferred accommodation for Semester 1 (one choice only):

BBA students are accommodated on campus with full board as mandatory at Glion Switzerland campus.  
MSc students who have selected the pre-sessional Hospitality Immersion Program will be accommodated on campus with full board as mandatory during those four weeks.  
Students who have selected the pre-sessional IHELP will be accommodated on campus in a Double Standard Room with full board as mandatory during those six weeks.)

- No accommodation is required (Master students may live off campus in external accommodation)
- Double Standard Room – Shared bathroom  A\* – Single Room – Shared bathroom
- B\* – Single Superior Room – En-suite bathroom  C\* – Double Superior Room – En-suite bathroom

\*Room categories A, B and C are available on a first-come, first-served basis for an additional fee. For further details, please refer to the Tuition & Other Fees form.

**Master students only**, please select your preferred board option for Semester 1 (one choice only):

- Full board  Lunch plan  No board

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## 6. Professional Experience

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

Yes (please provide details in your CV)

No

## 7. Medical History

Do any of the below conditions apply to you?

No Yes (please provide details)

Any learning differences:

(e.g. dyslexia, dyscalculia, ADHD, ADD, etc.)

\_\_\_\_\_

Any mental condition:

(e.g. depression, bipolar disorder, eating disorders, etc.)

\_\_\_\_\_

Allergies to medicine or any other products:

\_\_\_\_\_

Take any medication on a regular basis:

\_\_\_\_\_

Any other specific conditions to report:

(e.g. diabetes, asthma, epilepsy, etc.)

\_\_\_\_\_

Physical limitations:

\_\_\_\_\_

## 8. About the Parent / Legal Guardian or Emergency Contact (self-sponsored students only)

Mr.  Ms.

Languages Spoken \_\_\_\_\_

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

(including country code)

(including country code)

Email \_\_\_\_\_ Alternate Email \_\_\_\_\_

## 9. Application Fee

Please pay the application fee of CHF 250 online at [www.glion.edu/admissions/application-fees](http://www.glion.edu/admissions/application-fees) or use the Credit/Debit Card Payment Form to pay by card.

## Application Statement

I hereby declare that all information given in this application is exact and complete. I understand that any statement in this application which proves to be untrue or purposely misleading will render the application void and that if inaccuracies are highlighted at a later stage, Glion retains the right to retract any offer made or expel the student with no refund of fees.

I agree to abide by the totality of Glion regulations, policies and procedures governing admission, enrollment and my studies at Glion, as they may be revised from time to time, including those related to academic life, student life and residency and finance. I understand that the fees and other financial conditions are revised once a year and I accept their revision. I agree that any financial information or any information related to my studies that has a financial impact may be shared with my parent / legal guardian and / or sponsor.

I consent to the storage and processing of the data contained herein by Glion under the provision of the 1992 Federal Act on Data Protection.

I hereby declare to abide by the Swiss law in case of a dispute related to the interpretation or to the execution of my legal obligation towards Glion and accept the exclusive competence of the Vaud and/or Fribourg Cantonal court.

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

Signature of the Applicant

\_\_\_\_\_

Date DD MM YYYY

Signature of the Parent/Legal Guardian

(if applicant is under 18 years old)

\_\_\_\_\_

Are you working with a representative of our school 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 \_\_\_\_\_

Please email to [onlineapp@glion.edu](mailto:onlineapp@glion.edu) or send to your Education Counselor.