



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)

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 École 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 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

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 or send to your Education Counselor.