GLION
INSTITUTE OF HIGHER EDUCATION

ABOUT THE STUDENT

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

Family Name _____

First Name _____

Occupation _____

☐ Male ☐ Female Nationality _____

Date of Birth: Day _____ Month _____ Year _____

Mailing Address _____

City _____ Postal Code _____

State _____ Country _____

Home Phone _____ Mobile Phone _____

Fax _____ Email _____

PHOTO

PLEASE SEND THIS FORM TO:

ENROLLMENT MANAGEMENT DEPARTMENT
Glion Institute of Higher Education
Rue de l'Ondine 20
1630 Bulle - Switzerland
Phone: +41 26 919 78 78

Email: summeracademy@glion.edu
Website: www.glion.edu

MOTHER TONGUE AND ENGLISH LEVEL

If English is not your mother tongue or if you have not spent the last 3 years in an English speaking school, please indicate the score of one of the following:

☐ TOEFL Score: _____ ☐ Cambridge First Certificate Score: _____ ☐ Cambridge Advanced Score: _____

☐ IELTS Score: _____ ☐ Other: _____ Your Mother Tongue: _____

ABOUT THE PARENT OR LEGAL GUARDIAN AND FINANCIAL SPONSOR

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. Nationality _____

Family Name _____ First Name _____

Profession _____

Mailing Address _____

City _____ Postal Code _____ Country _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Fax _____ Email _____

Are you the financial sponsor? ☐ Yes ☐ No, then please ask the financial sponsor to fill in the details below

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. Nationality _____

Family Name _____ First Name _____

Profession _____

Mailing Address _____

City _____ Postal Code _____ Country _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Fax _____ Email _____

EDUCATION

Name of High School / College / University _____

City _____ Country _____

Highest Qualification _____ Completion Date _____

What type of school was this (select all that apply)? ☐ Private ☐ Public / State ☐ International

HOW DID YOU FIRST HEAR ABOUT US ?

☐ GIHE Education Counselor* ☐ Industry Professional* ☐ Student / Alumnus* ☐ Recommended by a friend who has applied/enrolled in the Summer Academy Program*

☐ Advertising / Article* ☐ Education Fair* ☐ Internet – Website

☐ Your School Counselor* *Please give the name & country: _____

☐ Other, please specify: _____

COURSE & FEES

☐ London (one week) GBP2,000 starting on 3rd July 2017

☐ Glion (one week) CHF2,500 starting on 10th July 2017

☐ Combined London & Glion (two weeks) GBP4,000 starting on 3rd July 2017

Payments must be made in full 30 days after receipt of invoice and no later than 15th June 2017. Please refer to the full terms and conditions outlined in the Summer Academy 2017 brochure.

PERSONAL RECORD

Do you have any criminal convictions?

☐ Yes ☐ No

You must enter X in either the 'Yes' or 'No' box. Failure to do so may mean that we cannot start to process your application. If you checked the 'Yes' box you are required to complete an additional form giving further details and this will be provided to you as part of the admissions process.

STATEMENT

I hereby declare that all information given on this form is exact and complete. I acknowledge having read and understood this document and all other pertaining documents and will abide by them.

UK students: I agree to abide by the GIHE and University of Roehampton rules and regulations. I understand that in signing I agree to GIHE and University of Roehampton processing my personal data (as defined by the Data Protection Act 1998), for administrative purposes as notified to the Office of the Information Commissioner.

I understand that the fees are modified once a year and I accept their revision. I hereby declare to abide by law in case of a dispute related to the interpretation or to the execution of my legal obligation towards GIHE and accept the exclusive competence of the United Kingdom legal system or the Vaud Cantonal court.

Date & Signature of the Financial Sponsor (if not the Legal Guardian):*

Date & Signature of the Parent/Legal Guardian:*

METHOD OF PAYMENT

Bank Transfer – London one-week course and combined London/Glion course:

GIHE UK Limited
HSBC UK
60 Queen Victoria Street
LONDON EC4N 4TR

Branch Sort Code:	400530
Business Current Account No:	34310764
IBAN:	GB92MIDL40053034310764
BIC:	MIDLGB22

Credit card payments can be made at www.glion.flywire.com

Bank Transfer – Glion one-week course:

Banque Cantonale Vaudoise
1001 Lausanne
SWITZERLAND

Beneficiary's Name:	GIHE Sàrl
Account No:	C5006.72.77
Swift Address:	BCVL CH 2 LXXX
IBAN:	CH03 0076 7000 C500 6727 7

Credit card payments can be made at www.glionchf.flywire.com

ADMISSION DOCUMENTS

Please return this form fully completed and make sure the following are enclosed:

+ Official copy of your English Language Certificate (IELTS, TOEFL etc.)
+ Motivation letter
+ Copy of your valid health insurance card & travel insurance policy
+ 1 passport size photograph
+ 1 photocopy of your valid passport showing your name and nationality
+ Duly filled in, signed and stamped Medical Certificate/Physician Report
+ Comprehensive report on mental health issues and/or learning difficulties with recommended treatment or provision in English.

Date & Signature of the Student:

* Please ensure that both the 'Financial Sponsor' and 'Parent/Legal Guardian' boxes are signed.

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TO BE FILLED IN BY THE APPLICANT

Name _____

☐ Male ☐ Female Date of Birth: Day _____ Month _____ Year _____

Name of the Parent/Guardian _____

Address _____

City _____ Postal Code _____

State _____ Country _____

Home Phone _____ Mobile Phone _____

Fax _____ Email _____

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Switzerland
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Email: summeracademy@glion.edu
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PERSONAL HISTORY

Did you ever have or do you suffer from:

	Yes	No	(if yes, when)		Yes	No	(if yes, when)		Yes	No	(if yes, when)
Chicken Pox	☐	☐	_____	Diabetes	☐	☐	_____	Mumps	☐	☐	_____
Rubella	☐	☐	_____	Tuberculosis	☐	☐	_____	Measles	☐	☐	_____
Hepatitis A/B/C	☐	☐	_____								

Any neurological condition: ☐ ☐ _____
(e.g. Epilepsy, head injuries, etc.)

Any mental condition (psychological/psychiatrical): ☐ ☐ _____
(e.g. depression, bipolar disorder, eating disorders, etc.)

Any learning difficulties: ☐ ☐ _____
(e.g. dyslexia, dyscalculia, ADHD, ADD, etc.)

Accident/disorder with physical long term consequences: ☐ ☐ _____

Allergies to medicine or any other products: ☐ ☐ _____

For the following points, please specify if you:

Have had any other disease or have had an operation recently: _____

Take any medication on a regular bases: _____

Are on a special diet: _____

With regards to any of the above special needs or medical condition you may have, GIHE aims to create an environment which enables all students to participate fully in the campus life. To help us make reasonable adjustments, it is imperative to clearly indicate your medical condition and/or special needs (e.g. dyslexia). Please note that consideration of how we can meet any special needs is separate to the assessment of your academic suitability.

How would you describe your general health condition? ☐ Excellent ☐ Very Good ☐ Good ☐ Poor

In keeping with the institute's policies regarding preventive health measures, the Campus Management may request a student to undergo a medical checkup or mental health assessment at any time during her/his studies at GIHE.

I hereby certify that the above information is correct and that I agree to undergo a medical checkup or mental health assessment if required. Deliberate false statements may result in expulsion. GIHE will not be held responsible in case of incorrect medical information stipulated on the medical certificate and physician's report.

We reserve the right to withdraw a student from GIHE if we deem our internal health care support services are unable to meet the need of the student concerned or if the student does not follow external medical advice and/or guidelines.

Date & Signature of the Student:

Date and Signature of the Parent/Legal Guardian:

TO BE COMPLETED ONLY BY A PHYSICIAN

Name of the Patient _____

Date of Birth: Day _____ Month_____ Year _____ Sex: ☐ Male ☐ Female

Blood Pressure _____MM/HG Height (cm) _____ Weight (kg) _____ Pulse Rate _____

CLINICAL EVALUATION

Please indicate if the patient has experienced any problems with the following and attach a comprehensive report in French or English if necessary:

		Yes	No	Details
1.	Skin	☐	☐	_____
2.	Head, Neck & Thyroid	☐	☐	_____
3.	Eyes & Ears	☐	☐	_____
4.	Mouth & Throat	☐	☐	_____
5.	Chest, Breasts & Lungs	☐	☐	_____
6.	Heart & Blood Vessels	☐	☐	_____
7.	Digestive System	☐	☐	_____
8.	Nervous System	☐	☐	_____
9.	Skeletal, Muscular System	☐	☐	_____
10.	Urinary, Reproductive System	☐	☐	_____
11.	Mental Health Disorders	☐	☐	_____
12.	Learning Difficulties	☐	☐	_____
13.	Others (specify)	☐	☐	_____

REQUIRED LABORATORY TESTS / INFORMATION

Has the applicant been immunized against any of the following. Please specify the dates and number of doses:

	Yes	No	Details	Doses
Diphtheria	☐	☐	_____	_____
Whooping Cough	☐	☐	_____	_____
Tetanus	☐	☐	_____	_____
Poliomyelitis	☐	☐	_____	_____
Hepatitis A	☐	☐	_____	_____
Hepatitis B	☐	☐	_____	_____

GENERAL IMPRESSION

The undersigned doctor certifies that the general state of health, physical and mental condition of the applicant are excellent, that he/she is not a carrier of any infectious disease and has no physical disability. The applicant can therefore comply, without risk, with the strict requirements of living conditions on an international campus in a foreign country. The undersigned doctor also certifies that the candidate is not obliged to follow a special diet.

Date & Doctor's Signature and Stamp:

GENCL0099V2/04.17