



# APPLICATION PACKAGE

Glion Institute  
of Higher Education,  
Switzerland

Bachelor's degree in International Hospitality Business

# APPLYING TO GLION

## Step-by-Step Guide

1. 

### 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.**

[www.glion.edu/admissions/process](http://www.glion.edu/admissions/process)

2. 

### Prepare for your Admissions Assessment

**Within two days of submitting your documents**

You will be contacted to schedule your admissions assessment.

3. 

### Receive a Letter of Offer

**Within 1-2 weeks**

4. 

### Confirm your Place

**Within 15 working days of receiving your offer letter**

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)

5. 

### 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

6. 

### 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 week

# APPLICATION FORM - BACHELOR'S DEGREE

Glion & Bulle Campuses, Switzerland

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## 1. About the applicant

Family name _____	First name _____
Male <input type="checkbox"/> Female <input type="checkbox"/>	Nationality _____
Date of birth (DD/MM/YYYY) _____	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/>
Postal address _____	
City _____	State _____
Postal code _____	Country _____
Home phone _____ <small>(including country code)</small>	Mobile phone _____ <small>(including country code)</small>
Email _____	Alternative email _____

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## 2. Education

Name of high school / college / university _____	
City _____	Country _____
Highest qualification and subject _____	Completion date (DD/MM/YYYY) _____
Type of school <input type="checkbox"/> Private <input type="checkbox"/> Public / State <input type="checkbox"/> International <input type="checkbox"/>	

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## 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

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 _____

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## 4. 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 specialisation in Semester 6. Global exchange semesters are available – more details provided once on campus.)

Intensive Hospitality and English Language Program (IHELP) – one semester of English (15 weeks in London)

(Students study for fifteen weeks at Glion London campus prior to the start of the BBA in Switzerland)

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 month and year you wish to start:**

Feb (YYYY) \_\_\_\_\_ Sept (YYYY) \_\_\_\_\_

## 5. 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\*\*

\* 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.

## 6. Professional experience

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

Yes (please provide details in your CV)

No

## 7. 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

## 8. 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 CHF 275 online at [www.glion.edu/application-fee-payment-switzerland](http://www.glion.edu/application-fee-payment-switzerland).

## 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](http://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](mailto:dpo@sommet-education.com).

# STUDY/POST-STUDY PLAN/MOTIVATION LETTER

Glion Institute of Higher Education

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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](mailto:info@glion.edu) or send to your Education Counselor.**

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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

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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

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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 \_\_\_\_\_

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# PARENTAL CONSENT AND DECLARATION

Glion Institute of Higher Education

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**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](mailto:info@glion.edu) or send to your Education Counselor.**

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# VIDEO/PHOTO RELEASE AGREEMENT

Glion Institute of Higher Education

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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.

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# SIGNATORY LETTER

Glion Institute of Higher Education

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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)

**Please upload to the Online Application, or email to [info@glion.edu](mailto:info@glion.edu) or send to your Education Counselor.**

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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.  
T: +41 (0)21 989 26 77 E: [info@glion.edu](mailto:info@glion.edu) W: [glion.edu](http://glion.edu)



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### Glion Campus

Glion Institute of Higher Education  
Route de Glion 111  
1823 Glion sur Montreux  
Switzerland

### London Campus

Glion Institute of Higher Education  
Downshire House  
Roehampton Lane  
London, SW15 4HT  
United Kingdom

### Bulle Campus

Glion Institute of Higher Education  
Rue de l'Ondine 20  
1630 Bulle  
Switzerland

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