

## Application for Admission

Please answer all questions and type or print legibly. This application must be fully completed and signed before review by the Admissions Committee.

### 1. About the applicant

Family Name \_\_\_\_\_ First name \_\_\_\_\_  
Male      Female      Nationality \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Postal code \_\_\_\_\_ Country \_\_\_\_\_  
Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_  
(including country code)      (including country code)  
Email \_\_\_\_\_ Alternate email \_\_\_\_\_

### 2. About the company (to complete if applicable)

Title or position \_\_\_\_\_  
Company/Organization name \_\_\_\_\_  
Company/Organization address \_\_\_\_\_  
Company/Organization telephone \_\_\_\_\_  
Company/Organization website \_\_\_\_\_

**CONFIDENTIAL:** The information you provide below is for use by the Admissions Committee only.

Short description of your company's products/services:

Number of employees in the company:

Is the company a family-owned business?    Yes    No

### 3. Employment summary

Short description of your area of responsibilities:

Number of employees directly reporting to you:

Your direct budget responsibilities:

**Previous positions held**

Please start with the most recent and list only full-time positions.

Company	Country	Position	Dates (month/year)	
			From	To

**Areas of expertise**

Please indicate your level of experience.

	Strong	Moderate	None
General management			
Strategic planning			
Accounting and control			
Finance and financial analysis			
Project management			
Marketing			
Sales			
Production and operations			
HR and organization			
IT			
Wellness/Spa			
F&B			
Other:			
Other:			
Other:			

#### 4. Education

Please list educational programs attended, starting with the most recent.

Institution	Field of study	Degree	Dates (year)	
			From	To

#### 5. Languages

Mother tongue: \_\_\_\_\_

Rate your proficiency in other languages:

**Fluent:** working knowledge

**Fair:** simple conversation

**Basic:** some understanding

Language	Fluent	Fair	Basic

**NOTE:** The programs are conducted in English and a good working knowledge of the language is essential.

#### 6. How did you hear about our programs?

Internet. Which source (Website, FB, Instagram, LinkedIn, other)?

Advertising. Please specify:

Article. Please specify:

Friends/Family

Previous program participant

Glion alumni

Glion Counselor

Other:

**7. Please explain in a few words your interest in pursuing a career development program:**

**8. Payment**

Should your application be accepted, please indicate below the contact information for the invoice of the program.

Dr      Mr      Mrs      Ms

Family name \_\_\_\_\_ First name \_\_\_\_\_

Job title \_\_\_\_\_ Nationality \_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_

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

Postal code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_

I have read and understood the Glion Institute of Higher Education Terms and Conditions for open enrolment programs.

**I certify that all the information and accompanying material provided in connection with this application is authentic and accurate.**

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 me with no refund of fees.

I consent to the storage and processing of the data contained herein by Glion and their affiliates (together "Sommet Education") to create and maintain records on me and for internal and statistical purposes. I agree that this information will be kept for the duration of the application process and for a reasonable period of time thereafter. Should I be recruited for one of the programs, I agree that this information will be kept for the duration of my studies for a variety of purposes including all aspects of the administration of my studies and for a reasonable period of time following my studies. I am aware it is my responsibility to inform Glion Institute of Higher Education if data held about me requires updating and I am aware that I have the right to request a copy of the data.

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 Cantonal court.

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

Family name \_\_\_\_\_ First name \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_