



# APPLICATION PACKAGE

Glion Institute  
of Higher Education,  
Switzerland

# APPLYING TO GLION

## Step-by-Step Guide

### 1.

#### Submit Your Application

**At least 12 weeks before the program starts. Due to high demand for places, we strongly recommend that you apply to Glion as early as possible before your intended start date.**

- Online application portal
- Copy of passport
- Academic records
- Study and post-study plan
- CV/resume

### 2.

#### Prepare for Admissions Assessment

**Within two days of submitting your documents.**

You will be contacted to schedule your admissions assessment. This two-step process includes a written exercise and interview.exercise and interview.

### 3.

#### Receive a Letter of Acceptance

**Within 1-3 weeks.**

If your application is successful, you will receive:

- Letter of acceptance
- Invoice for first semester

### 4.

#### Confirm your Acceptance

**Within 15 working days of receiving your letter of acceptance.**

To confirm your place at Glion, you must make the pre-payment on your tuition fees as outlined in the invoice. This also confirms your acceptance with Glion Terms and Conditions.

### 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

### 1. About the Applicant

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

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

Date of Birth **DD MM YYYY** 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 **MM YYYY**

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 other 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) – One semester of English** (15 weeks in London)  
(Students study for fifteen weeks at Glion London campus prior to the start the BBA or the MSc)

**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 or the MSc)

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

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

### 5. Room and Board

All students will have a prepaid Food and Beverage card included in the tuition fees (except for the IHELP 15 in London).

Please refer to the Tuition and Other Fees for details.

Please indicate your preferred accommodation for semester 1 - subject to availability (except for the IHELP 15 in London):

Glion has the following room options available. You will have the opportunity to confirm your preference once you are officially accepted and have paid the required deposit. All room options are subject to availability at the time of your payment.

Double Superior Room – En-suite bathroom (by default)

A\* – Single Room – Shared bathroom (only available on Glion campus, not in Bulle)

B\* – Single Superior Room – En-suite bathroom

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

For MSc students only:

MSc students have the option to stay off campus and/or have their meals off campus. Please indicate below if this is your preferred option

No accommodation  No prepaid Food and Beverage card

For IHELP 15 students only - I want accomodation on campus:  Yes  No

### 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)

### 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 \_\_\_\_\_  
(sign printed version of this document, scan and upload)

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



## STUDY/POST-STUDY PLAN / MOTIVATION LETTER

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

Signature of the Applicant \_\_\_\_\_

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



## POST-STUDY STATEMENT

I hereby guarantee that I will leave Switzerland at the end of my studies at Glion Institute of Higher Education.

Date

Signature of the Applicant \_\_\_\_\_

# CREDIT/DEBIT CARD PAYMENT FORM

## Applicant Information

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

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

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

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

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

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

## Payment

Please charge my:  Visa  Mastercard  American Express Total Amount in CHF to be Charged to Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date       Security Code (CVV) \_\_\_\_\_

Card Holder Name \_\_\_\_\_  
(as it appears on card)

Billing Address \_\_\_\_\_

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

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

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

Date

Signature of the Card Holder \_\_\_\_\_

# REFERENCE LETTER FOR MASTER'S DEGREE APPLICANTS

**To be Filled in by the Referee**

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

Applicant Date of Birth

Comments in Support of this Applicant

Name of the Referee \_\_\_\_\_

Position and Establishment \_\_\_\_\_

Contact Method of Referee (optional) \_\_\_\_\_

Date

Signature of the Referee \_\_\_\_\_

Please have the referee complete and sign this form and upload to the Online Application, or email to [onlineapp@glion.edu](mailto:onlineapp@glion.edu)



# LETTER OF COMMITMENT FROM FINANCIAL SPONSOR

## Financial Sponsor Details

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

Nationality \_\_\_\_\_ Date of Birth

Passport or ID Number (please specify) \_\_\_\_\_ Relation to Applicant \_\_\_\_\_

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

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

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

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

Email \_\_\_\_\_ Alternate 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 revised once a year and I accept their revision. 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.

Date

Signature of the Sponsor \_\_\_\_\_

## PARENTAL CONSENT AND DECLARATION

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 \_\_\_\_\_

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

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

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

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

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

### I hereby declare that I have legal custody of the child:

Applicant's Family Name \_\_\_\_\_ Applicant's First Name \_\_\_\_\_

Date of Birth

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 organised by the school including, but not limited to, general sports activities and/or events organized by the student body.

Medical consent: The nurses and 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 my child's 18th birthday.

Date

Signature of the Parent/Legal Guardian \_\_\_\_\_

## SIGNATORY LETTER

Please read the statement below and complete where indicated.

### 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.

Name of the Applicant \_\_\_\_\_

Signature of the Applicant \_\_\_\_\_

Date

Signature of the Parent/Legal Guardian \_\_\_\_\_  
(if applicant is under 18 years old)



## 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.



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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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