



APPLICATION PACKAGE

Glion Institute
of Higher Education,
Switzerland

Master's degrees

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

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 days

APPLICATION FORM - MASTER'S DEGREES

Glion & Bulle Campuses, Switzerland

1. About the applicant

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

2. Education

Name of college / university _____	
City _____	Country _____
Highest qualification and subject _____	Completion date (DD/MM/YYYY) _____

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 _____

4. Academic program

Please select the program you wish to enroll in:

- MSc in Luxury Management and Guest Experience in Switzerland (1.5 years – internship included)
- MSc in Hospitality Entrepreneurship and Innovation in Switzerland (1.5 years – internship included)
- MSc in International Hospitality Business (1.5 years – internship included)
 - with optional pre-sessional Hospitality Immersion Program (HIP) (4 weeks)
- 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 MSc 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 the MSc in Switzerland)

Please indicate the month and year you wish to start:

Feb (YYYY) _____ Sept (YYYY) _____

5. Room and board

Glion 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.

6. Professional experience

Do you have professional working experience in a hospitality-related field? Yes (please provide details in your CV) No

If you have professional working experience, please answer the following questions:

How many years professional experience after graduation do you have? _____

What is your most recent position? _____

Which company is your current or most recent employer? _____

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 <small>(e.g. dyslexia, dyscalculia, ADD, etc.)</small>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Mobility/hearing/vision No Yes _____

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 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.

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 fulfill 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. 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.

STUDY/POST-STUDY PLAN/MOTIVATION LETTER

Glion Institute of Higher Education

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 or send to your Education Counselor.

In accordance with data privacy regulations, we inform you that any personal data provided will be treated with the sole purpose of managing your application.

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.

Further information on how we use your personal data may be found at 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.

POST-STUDY STATEMENT

Glion Institute of Higher Education

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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REFERENCE LETTER

For Master's Degree Applicants

To be filled in by the Referee

Applicant family name _____

Applicant first name _____

Applicant date of birth (DD/MM/YYYY) _____

Comments in support of this Applicant:

Name of the Referee _____

Position and establishment _____

Contact method of Referee (optional) _____

Date (DD/MM/YYYY) _____ Signature of the Referee _____

Please upload to the Online Application, or email to info@glion.edu or send to your Education Counselor.

In accordance with data privacy regulations, we inform you that any personal data provided will be treated with the sole purpose of managing the candidate's application.

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LETTER OF COMMITMENT FROM FINANCIAL SPONSOR

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>

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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VIDEO/PHOTO RELEASE AGREEMENT

Glion Institute of Higher Education

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.

I hereby certify that I approve the foregoing.

Name of the Applicant _____

Date (DD/MM/YYYY) _____ Signature of the Applicant _____

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

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 _____

Date (DD/MM/YYYY) _____ Signature of the Applicant _____

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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 W: glion.edu



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
