



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.

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.