



GLION

INSTITUTE OF HIGHER EDUCATION
SWITZERLAND

APPLICATION FORM

ABOUT THE STUDENT

Mr. Mrs. Miss

Family Name _____

First Name _____

Occupation _____

Male Female Nationality _____

Birth Date: Year _____ Month _____ Day _____

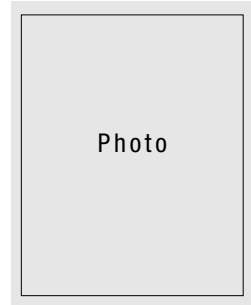
Mailing Address _____

City _____

Postal Code _____ Country _____

Home Phone _____ Mobile Phone _____

Fax _____ E-mail _____



Please send this application form to:

Gliion Institute of Higher Education
The Admissions Department
Rue du Lac 118
CH-1815 Clarens
Switzerland

Phone: +41 (0)21 989 26 77
Fax: +41 (0)21 989 26 78
E-mail: admissions@gliion.ch
Website: www.gliion.edu

EDUCATION

School – College – University

Certificate – Diploma – Degree

Dates

PROFESSIONAL EXPERIENCE yes no

Most Recent Company / Hotel

Position held

Dates

ABOUT THE PARENT OR LEGAL GUARDIAN AND FINANCIAL SPONSOR

Mr. Mrs. Miss Nationality _____

Family Name _____ First Name _____

Profession _____

If you reside in Switzerland, please specify if you have a: Swiss B permit Swiss C permit

Mailing Address _____

City _____ Postal Code _____ Country _____

Home Phone _____ Work Phone _____

Mobile Phone _____ Fax _____

E-mail _____

Are you the financial Sponsor? Yes No - if not, please ask the financial sponsor to fill in the details below

Mr. Mrs. Miss Nationality _____

Family Name _____ First name _____

Mailing Address _____

City _____ Postal Code _____ Country _____

Home Phone _____ Work Phone _____ Fax _____

Mobile Phone _____ E-mail _____

To be sent to Gliion Institute of Higher Education

Registered office: GIHE SA – CH-1630 Bulle

ACADEMIC PROGRAMMES

I wish to enrol for the following academic programme (one choice only)

- A1** **Associate Degree**
 Hospitality French English
 Event, Sport and Entertainment
- A2** **Bachelor Degree**
 Hospitality Event, Sport and Entertainment
 The various tracks for the two above specialisations are selected during semester 4
 Please tick the programme + area of specialisation
- B1** **Post Graduate/Professional Development Diploma**
- B2** **Post Graduate/Professional Development Higher Diploma**
 Hospitality Event, Sport and Entertainment
- B3** **Post Graduate Specialisation programme**
 Tourism Finance Marketing*
 Human Resources*
 * subject to the number of students enrolled
- C** **Professional Diploma in Culinary Arts Mastery and Management**
 In Association with the "institut Alain Ducasse" (1st intake in January 2009).
- D** **Compete & Study**
- E** **Certificate in Hotel and Restaurant Operations**

I wish to start my studies in:

- July/August 20 ____ January/February 20 ____

HOW DID YOU HEAR ABOUT US?

- Industry Professional Glion student / Graduate* Internet
 A representative of Glion* Exhibition / Fair* School*
 Other, please specify _____
 *Please give the name _____

MOTHER TONGUE AND ENGLISH LEVEL

If English is not your mother tongue or if you have not spent at least 3 years in an English speaking school, please indicate the score of one of the following:

- TOEFL Score: _____ Cambridge First Certificate Score: _____ IELTS Score: _____
 Other (Name + Score): _____ Your Mother Tongue: _____

LAPTOP OPTION

- I will bring my own laptop which meets the Institution's requirements I would like to purchase the laptop through GIHE

ACCOMMODATION

I would like the following room arrangement :

- A double room (2 beds) part of the main fees A smoking room A non-smoking room
 A single room on Campus, **if available** Room A (Glion)* Room B (Glion)*
 Room C (Glion)* Room D (Glion)*
 A double room at the Residence, **if available** Double Room (Glion)*
 A single room at the Residence, **if available** Single Room (Glion)* Single Room (Bulle)*

* Please refer to the Tuition & Fees for the additional price to be paid by semester for room A to D and for the Residence.

APPLICATION FEE

Please debit my credit card of CHF. 100.-

- Visa
 Eurocard/Mastercard
 American Express

Card number _____ / _____ / _____ / _____

Name _____

Expiry date _____ / _____

Security code number _____ / _____
 (on the back of the credit card)

VERY IMPORTANT

Please return this form duly filled in, and enclose the following:

- Official copy of your High School Diploma/Degree, etc.
- Official copy of your final transcripts
- School information with grading system*
- Official copy of your English Language Certificate (TOEFL, IELTS, etc.)*
- Copy of work certificate (if available)
- Your Curriculum Vitae (resume)
- A Study Plan, duly dated and signed (250 words minimum)*
- A Post Study Plan (only for non European Union passport holders) duly dated and signed (150 words minimum)
- Referral letter of professional or academic nature* (Post Graduate students only)
- 2 passport size photographs
- 1 photocopy of your valid passport showing your name and nationality
- Bank guarantee (for non European Union passport holders) or letter from financial sponsor (for European Union passport holders)
- Duly filled in, signed and stamped Medical Certificate / Physician Report

*Please refer to the admissions requirements in the Academic Programmes.

STATEMENT

I hereby certify that all information given on this form is exact and complete. I acknowledge having read and understood this document, the current Academic Catalogue (available from the website www.glion.edu) which includes the Charter, the Rules of GIHE as well as the payment terms and conditions. I agree to abide by them as well as the specific "Glion Spirit" regulations. I understand that the fees are modified once a year and thus accept their revision (in summer). 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 GIHE and accept the exclusive competence of the Vaud Cantonal court.

Date / Signature of the candidate _____

Date / Signature of the financial sponsor _____



TO BE FILLED IN BY THE APPLICANT

Name _____

Birth Date : Year _____ Month _____ Day _____

Sex: Male Female

Name of Parent / Guardian _____

Mailing Address _____

City _____

Postal Code _____ Country _____

Home Phone _____ Mobile Phone _____

Fax _____ E-mail _____

Please send this medical form to:

Glion Institute of Higher Education
The Admissions Department
Rue du Lac 118
CH-1815 Clarens
Switzerland

Phone: +41 (0)21 989 26 77
Fax: +41 (0)21 989 26 78
E-mail: admissions@glion.ch
Website: www.glion.edu

PERSONAL HISTORY

Have you ever had or do you suffer from:

No		Yes (if yes, when)		No		Yes (if yes, when)			
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	_____	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Measles	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hepatitis A/B/C	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	_____	please specify	_____		_____		
						Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____
						Psychological Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
						Sleeping Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
						Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____

For the following points, please specify if you:

- Have any other disease or have had an operation recently _____
- Have dyslexia or other learning problems (indicate to what degree) _____
- Have allergies to any medicine or other products _____
- Take any medication on a regular basis _____
- Take or have taken antidepressants _____
- Are on a special diet _____
- Have had any accident with mental or physical consequences _____

With regards to any of the above special needs or medical condition you may require, Glion aims to create an environment which enables all students to participate fully to the campus life. To help us make reasonable adjustments, it is imperative to clearly indicate your special needs (ie. dyslexia) or medical condition. Please note that consideration of how we can meet any special needs is separate to the assessment of your academic suitability.

How would you describe your general health condition? Excellent Very good Good Poor

In keeping with the Institute's policies regarding preventive health measures, the School Director may request a student to undergo a medical checkup at any time during his/her studies at GIHE.

I hereby certify that the above information is correct and that I agree to undergo a medical checkup if required. Deliberate false statements may result in expulsion. GIHE will not be held responsible in case of incorrect medical information stipulated on the Medical Certificate and Physician's Report.

Signature of the applicant _____ Date _____

Signature of the parent or legal guardian _____ Date _____

TO BE COMPLETED BY A PHYSICIAN ONLY

Name of the patient _____

Birth Date: Year _____ Month _____ Day _____ Sex: Male Female

Blood pressure _____ MM/HG Height (cm) _____ Weight (kg) _____ Pulse rate _____

CLINICAL EVALUATION

Please indicate if the patient has experienced any problems with the following:

	Yes	No	Details
1. Skin	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Head & Neck & Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Eyes & Ears	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Mouth & Throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Chest & Breasts & Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Heart & Blood Vessels	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Digestive System	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Nervous System	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Skeletal, Muscular System	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Urinary, Reproductive System	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Others (specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Other comments _____

REQUIRED LABORATORY TESTS / INFORMATION

Tuberculin Skin Test (TST) - Please indicate date and results in mm _____ or Blood Test _____

Has the applicant been immunized against any of the following. Please specify the dates and number of doses.

	Yes	No	Dates	Doses
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Whooping cough	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Tuberculosis (BCG)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

GENERAL IMPRESSION

The undersigned doctor certifies that the above information is correct, that the general state of health, physical and mental condition of the applicant are good and that he/she is not a carrier of any infectious disease. The applicant can therefore comply, without risk, with the strict requirements of a professional training in the hospitality or event, sport and entertainment industry. The undersigned doctor also certifies that the candidate is not obliged to follow a special diet.

Date _____ Doctor's signature and stamp _____