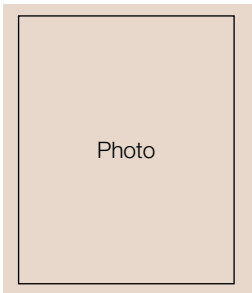




ABOUT THE STUDENT

Mr. Mrs. Miss Ms. _____
 Family Name _____
 First Name _____
 Occupation _____
 Male Female Nationality _____
 Date of Birth: Day _____ Month _____ Year _____
 Marital Status Single Married
 Mailing Address _____
 City _____ Postal Code _____
 State _____ Country _____
 Home Phone _____ Mobile Phone _____
 Fax _____ Email _____



PLEASE SEND THIS FORM TO:
 Glion Institute of Higher Education
 Admissions Department
 Rue du Lac 118 - 4th floor
 CH-1815 Clarens - Switzerland
 Phone: +41 (0)21 989 26 00
 Fax: +41 (0)21 989 26 78
 E-mail: admissions@glion.edu
 Website: www.glion.edu

MOTHER TONGUE AND ENGLISH LEVEL

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

TOEFL Score: _____ Cambridge First Certificate Score: _____ Cambridge Advanced Score: _____
 IELTS Score: _____ Other: _____ Your Mother Tongue: _____

PROFESSIONAL EXPERIENCE

Do you have professional working experience in a hospitality related field? Yes, please give details No
 Most Recent Company / Hotel _____
 Position Held _____ Dates _____

ABOUT THE PARENT OR LEGAL GUARDIAN AND FINANCIAL SPONSOR

Mr. Mrs. Miss Ms. Nationality _____
 Family Name _____ First Name _____
 Profession _____
 Mailing Address _____
 City _____ Postal Code _____ Country _____
 Home Phone _____ Work Phone _____ Mobile Phone _____
 Fax _____ Email _____

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

Are you the financial sponsor? Yes No, then please ask the financial sponsor to fill in the details below

Mr. Mrs. Miss Ms. Nationality _____
 Family Name _____ First Name _____
 Profession _____
 Mailing Address _____
 City _____ Postal Code _____ Country _____
 Home Phone _____ Work Phone _____ Mobile Phone _____
 Fax _____ Email _____

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

EDUCATION

Name of High School / College / University _____

City _____ Country _____

Highest Qualification _____ Completion Date _____

What type of school was this (select all that apply)? Private Public / State International

ACADEMIC PROGRAM

Please tick the program you wish to enroll on (one choice only):

Associate Degree (2 yrs)

Hospitality or Event, Sport and Entertainment
English track or French track

Bachelor Degree (3.5 yrs)

Hospitality or Event, Sport and Entertainment
(Specializations for the Bachelor Degree are selected during semester 4)
English track or French track

Diploma in Hotel & Restaurant Operations

Postgraduate/Professional Development Diploma (1.5 yrs)

Hospitality or Event, Sport and Entertainment

Postgraduate/Professional Development Higher Diploma (2 yrs)

Hospitality or Event, Sport and Entertainment

Master of Business Administration in International Hospitality and Service Industries Management (1 yr) With:

Leadership or Marketing

Master of Science in International Hospitality Finance (1 yr)

Please indicate the year you wish to start: January/February 20 _____ July/August 20 _____

ROOM AND BOARD - ADDITIONAL OPTIONS

I would like the following arrangement:

A double room (2 beds) part of the main fees

Glion & Bulle campus

A single room with shared bathroom, **if available**:

Category A*

A single superior room with en-suite bathroom, **if available**:

Category B*

A double superior room with en-suite bathroom, **if available**:

Category C*

* Please refer to the Tuition Fees for the additional fee to be paid by semester

HOW DID YOU FIRST HEAR ABOUT US ?

GIHE Educational Counselor*

Industry Professional*

Student / Alumnus*

Advertising / Article*

Education Fair*

Internet – Website

Your School Counselor*

*Please give the name & country: _____

Other, please specify: _____

APPLICATION FEE

Please debit my credit card of CHF. 100.-

Visa Eurocard/Mastercard American Express

Card Number: _____/_____/_____/_____

Name: _____

Expiry Date: _____/____/_____ Security Code _____

(on the back of the credit card)

STATEMENT

I hereby declare that all information given on this form is exact and complete. I acknowledge having read and understood this document and all other pertaining documents and will abide by them.

I understand that the fees are modified 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 GIHE and accept the exclusive competence of the Vaud Cantonal court.

Date & Signature of the Financial Sponsor (if not the Legal Guardian):*

VERY IMPORTANT

Please return this form fully completed and make sure the following are enclosed:

- Official copy of your High School Diploma/Degree or equivalent
- 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, duly dated and signed (150 words minimum)
- Copy of internship evaluation (for transfer students only)
- Referral letter of professional or academic nature* (Post Graduate and Master students only)
- 1 passport size photograph
- 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
- Comprehensive report on mental health issues and/or learning difficulties with recommended treatment or provision in English or French, if appropriate
- 1 copy of the AVS / AHV card (social security affiliation number) for Swiss permit & passport holders

* See admission requirements in the Academic Program leaflet.

Date and Signature of the Student:

Date & Signature of the Parent/Legal Guardian:*

* Please ensure that both the 'Financial Sponsor' and 'Parent/Legal Guardian' boxes are signed



TO BE FILLED IN BY THE APPLICANT

Name _____

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

Name of the Parent/Guardian _____

Address _____

City _____ Postal Code _____

State _____ Country _____

Home Phone _____ Mobile Phone _____

Fax _____ Email _____

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Phone: +41 (0)21 989 26 00
Fax: +41 (0)21 989 26 78
E-mail: admissions@glion.edu
Website: www.glion.edu

PERSONAL HISTORY

Did you ever have or do you suffer from (if yes, please indicate when; and in case of vaccination, indicate the date):

	Yes	No (if yes, when)		Yes	No (if yes, when)		Yes	No (if yes, when)
Chicken Pox	_____	_____	Diabetes	_____	_____	Mumps	_____	_____
Rubella	_____	_____	Tuberculosis	_____	_____	Measles	_____	_____
Hepatitis A/B/C	_____	_____						

Any neurological condition: (eg. Epilepsy, head injuries, etc.) _____

Any mental condition (psychological/psychiatric): (eg. depression, bipolar disorder, eating disorders, etc.) _____

Any learning difficulties: (e.g. dyslexia, dyscalculia, ADHD, ADD, etc.) _____

Accident/disorder with physical long term consequences: _____

Allergies to medicine or any other products: _____

For the following points, please specify if you:

Have had any other disease or have had an operation recently: _____

Take any medication on a regular bases: _____

Are on a special diet: _____

With regards to any of the above special needs or medical condition you may have, GIHE aims to create an environment which enables all students to participate fully in the campus life. To help us make reasonable adjustments, it is imperative to clearly indicate your medical condition and/or special needs (ie. dyslexia). 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 Campus Management may request a student to undergo a medical checkup or mental health assessment at any time during her/his studies at GIHE.

I hereby certify that the above information is correct and that I agree to undergo a medical checkup or mental health assessment 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.

We reserve the right to withdraw a student from GIHE if we deem our internal health care support services are unable to meet the need of the student concerned or if the student does not follow external medical advice and/or guidelines.

Date & Signature of the Student: _____ Date and Signature of the Parent/Legal Guardian: _____

TO BE COMPLETED ONLY BY A PHYSICIAN

Name of the Patient _____

Date of Birth: Day _____ Month _____ Year _____ 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 and attach a comprehensive report in French or English if necessary:

	Yes	No	Details
1. Skin			_____
2. Head, Neck & Thyroid			_____
3. Eyes & Ears			_____
4. Mouth & Throat			_____
5. Chest, Breasts & Lungs			_____
6. Heart & Blood Vessels			_____
7. Digestive System			_____
8. Nervous System			_____
9. Skeletal, Muscular System			_____
10. Urinary, Reproductive System			_____
11. Mental Health Disorders			_____
12. Learning Difficulties			_____
13. Others (specify)			_____

REQUIRED LABORATORY TESTS / INFORMATION

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

	Yes	No	Details	Doses
Diphtheria			_____	_____
Whooping Cough			_____	_____
Tetanus			_____	_____
Poliomyelitis			_____	_____
Hepatitis A			_____	_____
Hepatitis B			_____	_____

GENERAL IMPRESSION

The undersigned doctor certifies that the general state of health, physical and mental condition of the applicant are excellent, that he/she is not a carrier of any infectious disease and has no physical disability. The applicant can therefore comply, without risk, with the strict requirements of professional training in the hospitality or event, sport and entertainment industry and living conditions on an international campus in a foreign country. The undersigned doctor also certifies that the candidate is not obliged to follow a special diet.

Date & Doctor's Signature and Stamp:
