Application package

Les Roches Crans-Montana Switzerland



Applying to Les Roches 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. 2

Prepare for your admissions assessment

Within 2 days of submitting your documents

After submitting your application and relevant documents you will be contacted to schedule your admissions assessment.

3

Receive a letter of offer

Within 1-2 weeks

If your application is successful, you will receive a letter of offer.

4

Confirm place

Within 15 days of receiving your letter of offer

To confirm your place at Les Roches Crans-Montana/Marbella, you must make the downpayment on your tuition fees as outlined in your letter of offer. This also confirms your acceptance to Les Roches' terms and conditions

You will then be sent a complete acceptance package that contains:

- Official Acceptance Letter
- Invoice for the first semester
- Pre-arrival guide
- Visa Attestation (if required)

5

Pre-arrival support

Until your program starts

To help you prepare for your program, we provide:

- Visa support services
- Arrival assistance
- New student Facebook group
- Live Instagram Q&As
- Pre-departure webinar

6

Arrival on campus

Your first week on campus, all activites compulsory

On official arrival days, we will welcome you with:

- Welcome booth at airport and transfer to campus
- Check-in and registration
- Authentication of Entry Academic Documents
- Induction week activities

1. About the applicant		
Male Female	Address	
Family name		
First name	City State	
Nationality	Postal code Country	
Date of birth (DD/MM/YYYY)	Home phone	
Email	Mobile phone	
Please specify if you hold a private residential permit in Switzerland	B permit from previous school	Swiss passport
	C permit	Private B permit
(For US applicants only) Social Security number		
Social occurry number		
2. Education		
Name of high school/college/university		
Name of high school/college/university Country	Highest qualification	
	Highest qualification Completion date (MM/YYYY)	
Country		
Country		
Country City 3. Mother tongue and English level If English is not your mother tongue, or if you have not spent the last two year	Completion date (MM/YYYY)	the score and provide
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Country City 3. Mother tongue and English level If English is not your mother tongue, or if you have not spent the last two year supporting documentation of one of the following*: TOEFL score Cambridge First Certificate score	Completion date (MM/YYYY) s in full-time English education, please indicate t IELTS score	the score and provide
Country City 3. Mother tongue and English level If English is not your mother tongue, or if you have not spent the last two year supporting documentation of one of the following*: TOEFL score Cambridge First Certificate score Cambridge Advanced score	Completion date (MM/YYYY) s in full-time English education, please indicate t IELTS score	the score and provide
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Diploma in International Hotel	Management (2.5 years)	Semester abroad (one semester on campus)
BBA in Global Hospitality Man	agement (3.5 years)	Pre-sessional programs
Postgraduate Diploma in Intern	ational Hospitality Management	HIP Hospitality Immersion Program (2 weeks)
(1 year including internship)	. , ,	IHELP (Intensive Hospitality English Language Program)
Master's in Hospitality Strategy and Digital Transformation	(6 weeks - Switzerland)	
(1.5 years)		IHELP (Intensive Hospitality English Language Program)
MBA in Global Hospitality Management (1 year)		(15 weeks - London and Marbella: prior to the start of the BBA in Switzerland)
se indicate the month and the year	ou wish to start:	-
Fall 2021	Spring 2022	
Fall 2022	Spring 2023	

6. Room and board

Les Roches 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 deposit.

Double room / Single room / Off campus* / Full board / Half board**

*Please refer to the "Fees & other expenses" document for eligibility.

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.

Does any of the following apply to you?

Learning Differences

(e.g. dyslexia, dysgraphia, dyscalculia, ADD, etc.)

Mobility/Hearing/Vision

Given the nature of studies (practical, academic) and the residential campus setting at Les Roches, 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

^{**}Only available to students living off campus

Mr.	Ms.		Address		
amily name					
irst name			City	State	
Relationship with Applica	nt (you may tick mul	ltiple boxes)	Postal code	Country	
Parent	Guardian	Emergency contact	Home phone		
anguages spoken			Mobile phone		
			Email		
. Application fee lease pay the application	fee of CHF 275 onli	ne at www.lesroches.edu/apply/ap	pplication-fees-switzer	<u>rland</u>	
ata Protection State	omont				
f managing your application will be used to my special need during your personal data will be where relevant. When necessard in Switzerland or one cany financial information ave a legitimate interest to olicy/. Please read our Produced by the description of th	tion and, in case of boo ensure you are fit tour stay. stored as long as is essary to fulfil the algorithms affiliates as wo or any information to be informed. Furtivicy Notice careful	necessary for the above-mentione bove-mentioned purpose, your perfell as to local authorities for visal related to your studies that has a filter information on how we use your	ed purpose extended b rsonal data may be tra issuance purpose. financial impact may pur personal data may	by you will be treated with the sole purished later used for academic purposes, sure we can adjust our teaching methy the duration of the applicable limit insferred to our parent company Sonalso be shared with your parent and/obe found at www.lesroches.edu/hommay exercise your rights in data prof	Medical ands or attend attion period attend are Education per sponsor who ae/privacy-
Date (DD/MM/YYYY)					
Signature of applicant			Signature of the pare	nt/legal guardian (if applicant is und	ler 18 years old)
	presentative of our s	school to support your application	n to Les Roches?	Yes (please state below)	No
re you working with a re					
re you working with a re	e/company		Location of the repre	esentative	
			Location of the repre	sentative	

Photo/video

Photo/video may be taken during your stay at Les Roches. 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 Les Roches 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 Les Roches and its affiliates, business, or programs. I hereby grant to Les Roches 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 Les Roches 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 Les Roches 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.

If underage, consent of parent or legal guardian is required: I hereby certify that I am the parent or guardian of the minor named above, and I approve the foregoing on behalf of the minor.		
I do not give my consent for the use of my name, photograph,	, image, voice or other likeness.	
Date (DD/MM/YYYY)		
Signature of applicant	Signature of the parent/legal guardian (if applicant is under 18 years old)	
Name of applicant		

In accordance with data privacy regulations, we inform you that any personal data provided will be treated with the sole purpose of managing the present commitment and the rights and obligations born from it.

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.lesroches.edu/home/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.

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

Study/post-study plan

What motivates you to study hospitality? Explain why you would like to study at Les Roches. Discuss your interests, past experiences and future ambitions.		
(Maximum 300 words, no more than one page)		
Date (DD/MM/YYYY)	Signature of applicant	
Name of applicant		

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Post-study statement

I hereby guarantee that I will leave Switzerland at the end of my studies at Les Roches Global Hospitality Education.		
Date (DD/MM/YYYY)	Signature of applicant	
Name of applicant		

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Letter of commitment from financial sponsor

Sponsor details Mr. Ms.	Email
Family name	Home phone
<u> </u>	
First name	Mobile phone
Nationality	Address
Date of birth (DD/MM/YYYY)	
Passport or ID N° (please specify)	City State
Relation to applicant	Postal code Country
Please specify if you possess a private residential permit in Switzerland:	
Private B permit C permit Swiss passport	
	(student's first name and family name)
hereby guarantee that I am capable of financing and commit to pay Mr./M	s
studies at Les Roches Global Hospitality Education and all of his/her expendence a year and I accept their revision. I hereby declare to abide by the laws be studying in case of a dispute related to the interpretation or to the execucompetence of the Courts of such location.	
Date (DD/MM/YYYY)	Signature

In accordance with data privacy regulations, we inform you that any personal data provided will be treated with the sole purpose of managing the present commitment and the rights and obligations born from it.

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

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

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 organised by the student body. Medical consent The nurses and medical staff of Les Roches have my permission to evaluate and treat the 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 direct to the minor child listed above. This consent will remain in effect until the minor child's 18th birthday.	I, the undersigned: Parent Legal gua	ardian	
Address Mobile phone Email I hereby declare that I have legal custody of the child: Applicant's family name Address Applicant first name Date of birth (DD/MM/YYYY) City State Postal code Country and I acknowledge that Les Roches is an adult environment, and therefore I assume responsibility for the well-being and actions of the mino 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 organised by the student body. Medical consent The nurses and medical staff of Les Roches have my permission to evaluate and treat the 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 direct to the minor child listed above. This consent will remain in effect until the minor child's 18th birthday.	Family name	City	State
Mobile phone Email I hereby declare that I have legal custody of the child: Applicant's family name Applicant first name Date of birth (DD/MM/YYYY) City State Postal code Country and I acknowledge that Les Roches is an adult environment, and therefore I assume responsibility for the well-being and actions of the mino 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 organised by the student body. Medical consent The nurses and medical staff of Les Roches have my permission to evaluate and treat the 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 direct to the minor child listed above. This consent will remain in effect until the minor child's 18th birthday.	First name	Postal code	Country
Email I hereby declare that I have legal custody of the child: Applicant's family name Address Applicant first name Date of birth (DD/MM/YYYY) City State Postal code Country and I acknowledge that Les Roches is an adult environment, and therefore I assume responsibility for the well-being and actions of the minomentioned 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 organised by the student body. Medical consent The nurses and medical staff of Les Roches have my permission to evaluate and treat the 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 direct to the minor child listed above. This consent will remain in effect until the minor child's 18th birthday.	Address	Home phone	
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Postal code Country and I acknowledge that Les Roches is an adult environment, and therefore I assume responsibility for the well-being and actions of the mino 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 organised by the student body. Medical consent The nurses and medical staff of Les Roches have my permission to evaluate and treat the 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 direct to the minor child listed above. This consent will remain in effect until the minor child's 18th birthday.	Applicant first name		
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	mentioned above. This general consent expressly also includes independen but not limited to general sports activities and/or events Medical consent	nt participation in voluntary activities and organised by the student body.	events organised by the school, including
Date (DD/MM/YYYY) Signature of parent/legal guardian	mentioned above. This general consent expressly also includes independen but not limited to general sports activities and/or events Medical consent The nurses and medical staff of Les Roches have my pern With this general consent I also agree to all communicati	nt participation in voluntary activities and organised by the student body.	events organised by the school, including
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Signatory letter

Please read the statement and declaration below and complete 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, enrolment and my studies at Les Roches, 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.

Date (DD/MM/YYYY) Name of applicant Signature of applicant	Signature of the parent/legal guardian (if applicant is under 18 years old)

 $Please \ upload \ to \ the \ Online \ Application, \ or \ email \ to \ \underline{info@lesroches.edu} \ or \ send \ to \ your \ Education \ Counselor.$

Campus address Les Roches Global Hospitality Education CH-3975 Bluche/Crans-Montana

Switzerland

apply.lesroches.edu info@lesroches.edu

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Instagram @lesrochesjinjiang.everyday

Twitter @LRJJBuzz

LinkedIn Les Roches Shanghai Global Hospitality

Youtube Les Roches Jin Jiang College Shanghai