

# Application package



Les Roches  
Crans-Montana  
Switzerland



# Applying to Les Roches

## Step-by-step guide

1

### Submit your application

Complete application form

Attach detailed resume

Provide proof of academic records

Attach copy of passport

Include proof of English

2

### Prepare for your admissions assessment

*Within 1 week of submitting your documents*

You'll be contacted to schedule admissions assessment

Assessment may involve written exercise and interview

Additional documentation will be required, including Study/Post-Study plan, letter of commitment from financial sponsor, post-study statement

3

### Receive acceptance letter – if successful

*Within 1–3 weeks of assessment*

If your application is successful, you'll receive your acceptance letter, first semester invoice, and pre-arrival guide

Relevant visa documentation where required

4

### Confirm your place at Les Roches

*Within 15 days of receiving your acceptance letter*

Pay downpayment of CHF 5,000 to confirm place

Payment also confirms acceptance of Les Roches T&Cs

5

### Receive pre-arrival support

*Right up until you arrive*

Added to new student Facebook group

Visa support services if required

Live Instagram Q&As

Arrival assistance

Pre-departure webinar

6

### Arrive on campus and start your Les Roches journey

*First week on campus*

Welcome booth at airport and transport to campus

Check-in and registration

Authentication of original documents

Induction week activities

# Application form

## 1. About the applicant

|  |        |                               |                  |
|--|--------|-------------------------------|------------------|
| Male   | Female | Address                       |                  |
| <hr/>  |        | <hr/>                         |                  |
| Family name  |        | <hr/>                         |                  |
| <hr/>  |        | City                          | State            |
| First name   |        | <hr/>                         |                  |
| <hr/>  |        | Postal code                   | Country          |
| Nationality  |        | <hr/>                         |                  |
| <hr/>  |        | Home phone                    |                  |
| Date of birth (DD/MM/YYYY)   |        | <hr/>                         |                  |
| <hr/>  |        | Mobile phone                  |                  |
| Email  |        | <hr/>                         |                  |
| <hr/>  |        | B permit from previous school | Swiss passport   |
| Please specify if you hold a private residential permit in Switzerland |        | <hr/>                         |                  |
| <hr/>  |        | C permit                      | Private B permit |
| <hr/>  |        | <hr/>                         |                  |

## 2. Education

|  |                           |
|--|---------------------------|
| Name of high school/college/university |                           |
| <hr/>                                  |                           |
| Country                                | Highest qualification     |
| <hr/>                                  | <hr/>                     |
| City                                   | Completion date (MM/YYYY) |
| <hr/>                                  | <hr/>                     |

## 3. Mother tongue and English level

If English is not your mother tongue, or if you have not spent the last two years in full-time English education, please indicate the score and provide supporting documentation of one of the following\*:

|                                   |                    |
|-----------------------------------|--------------------|
| TOEFL score                       | IELTS score        |
| <hr/>                             | <hr/>              |
| Cambridge First Certificate score | Your mother tongue |
| <hr/>                             | <hr/>              |
| Cambridge Advanced score          |                    |
| <hr/>                             |                    |

\*If you have any questions, please contact your Education Counselor.

## 4. Professional experience

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

# Application form

## 5. Academic program

Diploma in International Hotel Management (2.5 years)

Semester abroad (one semester on campus)

BBA in Global Hospitality Management (3.5 years)

Pre-sessional programs

Postgraduate Diploma in International Hospitality Management  
(1 year including internship)

HIP Hospitality Immersion Program (2 weeks)

Master's in Hospitality Strategy and Digital Transformation  
(1.5 years)

IHELP (Intensive Hospitality English Language Program)  
(6 weeks - Crans-Montana)

MBA in Global Hospitality Management (1 year)

IHELP (Intensive Hospitality English Language Program)  
(15 weeks - London and Marbella: prior to the start of the  
BBA in Switzerland)

Please indicate the month and the year you wish to start:

February 2020

September 2020

February 2021

September 2021

## 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.

\*\*Only available to students living off campus

## 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 will 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

Any other condition:

Would you like to receive information on medical/learning support services, equipment or facilities available that may assist you?

Yes

# Application form

## 8. About the parent/legal guardian/emergency contact

|   |          |                   |         |
|---|----------|-------------------|---------|
| Mr.   | Ms.      | Address           |         |
| _____   |          | _____             |         |
| Family name   |          | _____             |         |
| _____   |          | _____             |         |
| First name  | City     | State             |         |
| _____   | _____    | _____             |         |
| Relationship with Applicant (you may tick multiple boxes) |          | Postal code       | Country |
| _____   |          | _____             | _____   |
| Parent  | Guardian | Emergency contact |         |
| _____   | _____    | _____             |         |
| Languages spoken  |          | Home phone        |         |
| _____   |          | _____             |         |
| _____   |          | Mobile phone      |         |
| _____   |          | _____             |         |
| _____   |          | Email             |         |
| _____   |          | _____             |         |

## 9. Application fee

Please pay the application fee of CHF 275 online at [www.lesroches.edu/apply/tuition-fees/application-fees-crans-montana](http://www.lesroches.edu/apply/tuition-fees/application-fees-crans-montana)

## Statement

I agree to abide by the totality of Les Roches regulations, policies and procedures governing admission, enrolment and my studies at Les Roches, as they may be revised from time to time, including those related to academic life, student life and residency and finance. 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 Swiss law in case of a dispute related to the interpretation or to the execution of my legal obligation towards Les Roches and accept the exclusive competence of the Valais Cantonal court.

## Data Protection Information

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 and, in case of being accepted, opening your school record, which will be later used for academic purposes. Medical information will be used to attend any special need during your stay, such as allergies, learning differences, etc.

I understand that information required is necessary to fulfil the purpose of the document. I hereby declare that all information and attachments given in this application is exact and complete.

I understand that any statement on this form which proves to be untrue or purposely misleading will render the application void and that if inaccuracies are highlighted at a later stage, the schools retain the right to retract any offer made or expel the student with no refund of fees.

I acknowledge that any financial information or any information related to my studies that has a financial impact may be shared with my parent and/or sponsor who have a legitimate interest to be informed.

Your personal data will be stored within the legally stipulated periods. Your personal data may be transferred to our parent company: Sommet Education Sàrl, Switzerland and its affiliates. Further information on how we use your personal data may be found at [www.lesroches.edu/legal-information](http://www.lesroches.edu/legal-information). At any given time, you may exercise your rights in data protection writing to [dpo@sommet-education.com](mailto:dpo@sommet-education.com).

Date (DD/MM/YYYY)

Signature of applicant \_\_\_\_\_ Signature of the parent/legal guardian (if applicant is under 18 years old) \_\_\_\_\_

Are you working with a representative of our school to support your application to Les Roches? Yes (please state below) No

Name of the representative/company \_\_\_\_\_ Location of the representative \_\_\_\_\_

If a company, name of contact (if known) \_\_\_\_\_

Please send your completed and signed forms to [info@lesroches.edu](mailto:info@lesroches.edu) or send to your Education Counselor.

# Application form

## 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 have made, 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.

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I do not give my consent for the use of my name, photograph, image, voice or other likeness.

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Date (DD/MM/YYYY)

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Signature of applicant

Signature of the parent/legal guardian (if applicant is under 18 years old)

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Name of applicant

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In accordance with data privacy regulations we inform you that any personal data provided will be treated by Les Roches with the sole purpose of managing the present commitment and the rights and obligations born from it. Your personal data will be stored within the legally stipulated periods. Your personal data may be transferred to our parent company: Sommet Education Sàrl in Switzerland and its affiliates, as well as to the government authorities for the purpose of delivery of your resident permit. Further information on how we use your personal data may be found at [www.lesroches.edu/legal-information](http://www.lesroches.edu/legal-information). At any given time, you may exercise your rights in data protection writing to [dpo@sommet-education.com](mailto:dpo@sommet-education.com).

Please upload to the Online Application, or email to [info@lesroches.edu](mailto: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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Crans-Montana, Switzerland

# 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)

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Signature of applicant

Name of applicant

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Please upload to the Online Application, or email to [info@lesroches.edu](mailto:info@lesroches.edu) or send to your Education Counselor.



# Letter of commitment from financial sponsor

## Sponsor details

|  |          |                     |
|--|----------|---------------------|
| Mr.  | Ms.      | Email               |
| Family name  |          | Home phone          |
| 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      |

I hereby guarantee that I am capable of financing and commit to pay Mr./Ms.

studies at Les Roches Global Hospitality Education and all of his/her expenses. 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 Swiss law in case of a dispute related to the interpretation or to the execution of my legal obligation towards Les Roches and accept the exclusive competence of the Valais Cantonal court.

Date (DD/MM/YYYY)

Signature

In accordance with data privacy regulations we inform you that any personal data provided will be treated by Les Roches with the sole purpose of managing the present commitment and the rights and obligations born from it. Your personal data will be stored within the legally stipulated periods. Your personal data may be transferred to our parent company: Sommet Education Sàrl in Switzerland and its affiliates. Further information on how we use your personal data may be found at [www.lesroches.edu/legal-information](http://www.lesroches.edu/legal-information). At any given time, you may exercise your rights in data protection writing to [dpo@sommet-education.com](mailto:dpo@sommet-education.com).

Please upload to the Online Application, or email to [info@lesroches.edu](mailto: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](mailto:info@lesroches.edu) or send to your Education Counselor.

## To be filled in by your parent/legal guardian

I, the undersigned:                      Parent                      Legal guardian

|             |              |         |
|-------------|--------------|---------|
| Family name | City         | State   |
| First name  | Postal code  | Country |
| Address     | Home phone   |         |
|             | 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 minor 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 directly to the minor child listed above.**

**This consent will remain in effect until the minor child's 18th birthday.**

|                   |                                    |
|-------------------|------------------------------------|
| Date (DD/MM/YYYY) | Signature of parent/legal guardian |
| _____             | _____                              |

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# Signatory letter

Please read the statement and declaration below and complete where indicated.

## Application statement

I hereby declare that all information and attachments given on the online application is exact and complete. I understand that any statement on this form which proves to be untrue or purposely misleading will render the application void and that if inaccuracies are highlighted at a later stage, Les Roches retains the right to retract any offer made or expel the student with no refund of fees.

I agree to abide by the totality of Les Roches regulations, policies and procedures governing admission, enrollment and my studies at Les Roches, as they may be revised from time to time, including those related to academic life, student life and residency and finance. I understand that the fees and other financial conditions are modified once a year and I accept their revision.

I consent to the storage and processing of the data contained herein by Les Roches under the provision of the 1992 Federal Act on Data Protection.

I agree that any financial information or any information related to my studies that has a financial impact may be shared with my parent and/or sponsor.

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 Les Roches and accept the exclusive competence of the Valais Cantonal court.

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)

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Please upload to the Online Application, or email to [info@lesroches.edu](mailto: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**



Facebook  
LesRoches

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Instagram  
@lesrochesswitzerland

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Twitter  
@lesrochesnews

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LinkedIn  
Les Roches Crans-Montana  
Global Hospitality

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Youtube  
Les Roches Crans-Montana  
Switzerland



Facebook  
LesRochesMarbellaFanPage

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Instagram  
@lesrochesspain

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Twitter  
@lesroches\_en

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LinkedIn  
Les Roches Marbella  
Global Hospitality

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Youtube  
Les Roches Marbella



Facebook  
LRJJShanghai

---

Instagram  
@lesrochesjinjiang.everyday

---

Twitter  
@LRJJBuzz

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LinkedIn  
Les Roches Shanghai  
Global Hospitality

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Youtube  
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