

Application Form (1 of 2)

Please complete this application form in BLOCK LETTERS and return it with the following documents:

- | | | |
|---|---|--|
| <input type="checkbox"/> Original or certified photocopies of school diplomas, transcripts or degrees | <input type="checkbox"/> Recommendation letters or references | <input type="checkbox"/> Motivation letter |
| <input type="checkbox"/> Proof of English proficiency | <input type="checkbox"/> Personal digital photo | <input type="checkbox"/> Personal CV or Resume |
| <input type="checkbox"/> Photocopy of a valid passport | | |

Name:

Family Name (as in passport)

First Name

Middle Name

Male:

Female:

Date of Birth:

Day:

Month:

Year:

Place and country of Birth:

Present Mailing Address:

Country:

Home No:

Mobile No:

Email Address:

Marital status:

Country of Citizenship:

Passport Number:

Place and Date of Issue:

Embassy of visa application:

Which program do you wish to register?

- | |
|---|
| <input type="checkbox"/> 12-months Diploma in Hotel & Hospitality Management (year one BA Degree) |
| <input type="checkbox"/> 24-months Higher Diploma in Hotel & Hospitality Management (year one & two BA Degree) |
| <input type="checkbox"/> 36-months Bachelor of Arts in Hotel & Hospitality Management (awarded by The Robert Gordon University) |
| <input type="checkbox"/> (Direct Entry) 12- months Higher Diploma in Hotel & Hospitality Management |
| <input type="checkbox"/> *(Direct Entry) 12 months Bachelor of Arts in Hotel & Hospitality Management |
| <input type="checkbox"/> 12-months Post Graduate Diploma in Hospitality Management |
| <input type="checkbox"/> 12-months Diploma in Culinary Management |
| <input type="checkbox"/> 24-months Advanced Diploma in Culinary Management |

Starting Date:

January February April May

July August Sept./Oct. November

Academic Year:

* BA term starts only in February and August of each year.

Application Form (2 of 2)

Give the names and addresses of all **colleges/universities** you have or will have attended prior to entering BHMS Switzerland:

| Name | City / State / Country | From/to (dates) | Diploma/Degree | Date received |
|------|------------------------|-----------------|----------------|---------------|
| | | | | |
| | | | | |
| | | | | |

Is English your native language? Yes No

If no, please answer the following questions:

Have you taken a standardized English Language Test? Yes No

If yes, standardized test score:

Have you taken BHMS English Placement Test? Yes No

If yes, number of points scored:

Rooming request

Standard double accommodation inclusive meals plan (CHF5'000 for 24 weeks)

Single accommodation inclusive meals plan (CHF7'500 for 24 weeks)

Do you have any physical disabilities, illnesses, severe allergies, problems with vision or hearing or other health problems that would affect your studies? Please attach relevant evaluations (if available).

If yes, please specify:

How did you first learn about BHMS?

Swiss Embassy Ex-BHMS student Advertisement (please specify where)

BHMS Representative (please specify name and location)

Other

Parents' name and profession:

Present Mailing Address:

Country:

Tel No:

Mobile No:

Email Address:

Declaration:

I hereby certify that all information I provided in this application form and accompanying documentation is complete, true and accurate. I understand that failure to provide my consent, or any misrepresentation; will result in cancellation of my admission or registration status and forfeiture of payments made. I am fully aware of and accept the "**Terms & Conditions of Enrolment**", which is an integral part of this application form and is also published at the official website: www.bhms.ch.

Date:

Signature: