

(Admission becomes valid only when officially confirmed by the Admission Office)

**Student Details**

Family Name ..... First Name .....  
 Male  Female  Nationality ..... Birth Place .....  
 Birth Date: Year ..... Month ..... Day .....  
 Mailing Address ..... Postal Code .....  
 City ..... Country ..... E-mail .....  
 Home Phone ..... Mobile Phone .....



**Education Details**

School – College – University	Certificate – Diploma – Degree	Dates
1 .....	.....	.....
2 .....	.....	.....
3 .....	.....	.....

**Professional Experience Details**

Company / Hotel	Position held	Dates
1 .....	.....	.....
2 .....	.....	.....
3 .....	.....	.....

**Parent or Legal Guardian Details**

Family Name ..... First Name ..... Profession .....  
 Male  Female   
 Birth Date: Year ..... Month ..... Day ..... Nationality .....  
 Mailing Address .....  
 Postal Code ..... City ..... Country .....  
 Home Phone ..... Fax ..... Mobile Phone .....  
 E-mail .....

**Languages**

Mother Tongue: .....

Indicate: Excellent, Good, Fair, Basic, Nil

Languages	Comprehension	Spoken	Written
English	.....	.....	.....
French	.....	.....	.....
German	.....	.....	.....
Italian	.....	.....	.....
Other	.....	.....	.....

**Accommodation**

I would like to share:  a double room  a single room (extra charge)  non boarder

I am aware of the terms and conditions set out in the brochure, its enclosures, the list of fees and any previous correspondence. The tuition fees will be paid accordingly to the payment schedule, given by the School. The School reserves the right to modify the programme, diplomas or degrees offered, as well as the tuition charged.

Date ..... Signature of the candidate (of the parents for legal minors) .....



**TO BE COMPLETED BY A DOCTOR**

if possible, by the family doctor

**CANDIDATE'S FAMILY NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

a)The undersigned doctor certifies that the general state of health as well as the physical and mental condition of the candidate are excellent and that she/he is not suffering from any contagious disease or any infirmity.

The candidate can therefore comply with the strict requirements of the Hotel and Tourism professional training without risk.

b)He also certifies that the candidate is not obliged to follow a special diet.

**POSSIBLE OBSERVATIONS:**



DATE: \_\_\_\_\_

SIGNATURE AND STAMP OF DOCTOR: \_\_\_\_\_

