



APPLICATION FORM

Marbella, Spain

1. About the applicant

Male Female

Family name

First name

Nationality

Date of birth (DD/MM/YYYY)

Email

Address

City State

Postal code Country

Home phone

Mobile phone

2. Education

Name of high school/college/university

Country

City

Highest qualification

Completion date (MM/YYYY)

3. Mother tongue and English level

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

TOEFL score

Cambridge First Certificate score

Cambridge Advanced score

IELTS score

Your mother tongue

*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

5. Academic program

Diploma in International Hotel Management (2.5 years)

BBA in Global Hospitality Management (3.5 years)

Postgraduate Diploma in International Hospitality Management (1 year)

Postgraduate Diploma in Marketing Management for Luxury Tourism (1 year)

Postgraduate Executive Diploma in International Hotel Management (13 months)

Master in International Hotel Management (15 months)

IHELP 6 Weeks (Intensive Hospitality English Language Program)

IHELP 20 Weeks (Intensive Hospitality English Language Program)

Please indicate the year you wish to start: Feb 20..... Sept 20

6. Room and board

Accommodation options:

Single Room, on campus¹

Double Room, on campus¹

Triple Room, on campus¹

Single Room, off campus²

Double Room, off campus²

No room required²

Board options:

Full Board¹

Half Board²

Additional option:

Parking

Do you require Private Health Insurance?

No, I already have (please provide a copy)

Yes, I request to be registered by Les Roches Marbella

¹ Compulsory for semesters 1 and 3 of BBA Program

² Available only for BB4, BBA6 and BBA7, and for Master and Postgraduate Programs (except PG Executive)



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7. Medical history

Do any of the below conditions apply to you? If yes, please provide a description or supporting document for eligibility analysis.

No Yes

- Learning differences
- Mental conditions (depression, bipolar disorder, eating disorder, etc)
- Allergies to medicine
- Daily medication
- Any other specific conditions (diabetes, asthma, epilepsy, etc)
- Physical limitations

8. About the parent/legal guardian/emergency contact

Mr. Ms.

Family name City State

First name Postal code Country

Languages spoken Home phone

..... Mobile phone

Address Email

.....

9. Application fee

Please pay the application fee of €250 at www.lesroches.es/en/apply-online/application-fees-marbella or use the **Credit Card Payment Form** to pay by credit card.

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 Spanish law in case of a dispute related to the interpretation or to the execution of my legal obligation towards Les Roches Marbella and accept the exclusive competence of the Málaga court.

Data Protection Information

In accordance with data privacy regulations we inform you that any personal data provided will be treated by Les Roches Marbella 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 at Les Roches Marbella, such as allergies, learning differences, etc. 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, Les Roches retains the right to retract any offer made or expel the student with no refund of fees. Your personal data will be stored within the legally stipulated periods. Your personal data may be transferred to our parent company: Sommet Education Sarl, Switzerland and its affiliates. At any given time, you may exercise your rights in data protection writing to Urbanización Las Lomas de Río Verde, Carretera de Istán, Km. 1, 29602 Marbella, Málaga, España or by email to info@lesroches.es. For more information about our Data Protection Policy, please click this link <https://www.lesroches.es/en/legal-information/>. In any case, you may as well contact the Spanish Data Protection Authority (AEPD) as supervisory authority <http://www.aepd.es>

Date (DD/MM/YYYY)

Signature of applicant

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

Are you in contact with a representative of our school to support your application to Les Roches? Yes No

If so, please provide name of the representative/company