

# APPLICATION FORM

Marbella, Spain



## 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 .....

## 2. Education

Name of high school/college/university .....

Country .....

Highest qualification .....

City .....

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 .....

IELTS score .....

Cambridge First Certificate score .....

Your mother tongue .....

Cambridge Advanced score .....

Name of provider/score .....

\*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

Bachelor Degree in Hospitality (3.5 years) (January 2018)

Postgraduate Executive Diploma in International Hotel Management (September 2018)

BBA in Global Hospitality Management (3.5 years) (September 2018)  
Global exchange semesters available. More details once on campus.

IHELP (Intensive Hospitality English Language Program) (20 weeks for BBA) (January and September 2018)

Postgraduate Diploma in International Hospitality Management (January and September 2018)

IHELP (6 weeks) for BBA and PG Programs (September 2018)

Postgraduate Diploma in Marketing Management for Luxury Tourism (September 2018)

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

## 6. Room and board

I would like the following arrangements:  Double Room<sup>1,\*</sup>  Triple Room<sup>1,\*</sup>  Single Room<sup>1,\*</sup>  Double Room, off campus<sup>2,\*</sup>

No room required<sup>\*</sup>  Full Board  Half Board (only for off campus students)<sup>\*</sup> **Additional option:**  Parking<sup>3,\*\*</sup>

<sup>1</sup> For semesters 1 and 3 - BBA and Hotel Management Diploma

<sup>2</sup> For semesters 4, 6 and 7 and Post Graduate Diploma programs (upon availability). Please refer to "Room, Board and Parking" terms and conditions in the tuition fees booklet

<sup>3</sup> Parking on campus or in the garage is at your own risk. The School will not be held responsible for any damages or theft occurred on the premises

<sup>\*</sup> Please refer to the Tuition Fees to check which program and semesters do not have compulsory lodging upon availability

<sup>\*\*</sup> Please refer to "Room, Board and Parking" for the additional fees to be paid per semester

Do you require Private Health Insurance?  No, I already have (please provide a copy)  Yes, I request to be registered by Les Roches Marbella

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## 7. Medical history

Do any of the below conditions apply to you?

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. City ..... State .....
- Family name ..... Postal code ..... Country .....
- First name ..... Home phone .....
- Languages spoken ..... Mobile phone .....
- ..... Email .....
- Address ..... Please specify your relationship with the applicant:
- .....  Father  Mother  Other (please specify):.....

## 9. Application fee

Please pay the application fee of €250 online at [www.lesroches.es/en/apply-online/application-fees-marbella](http://www.lesroches.es/en/apply-online/application-fees-marbella) or use the Credit Card Payment form to pay by credit card.

## Statement

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. 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 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.

I have read and understood the above conditions and accept them in full.

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 .....

If a company, name of contact (if known).....

Location of the representative .....

Please send your completed and signed forms to [admissions@lesroches.es](mailto:admissions@lesroches.es) or your educational counselor.