

Application Form

The completed application form should be sent with the requested documents to the Admissions Office at the address given below. Upon receipt of your application form we will contact you directly regarding the next steps to take and how to reserve your place.

Please check that the application form is appropriately signed and dated before sending.

Documents to be sent with the application form.

- | | |
|--|---|
| <input type="checkbox"/> School leaving certificates/High School transcripts | <input type="checkbox"/> 500-word essay |
| <input type="checkbox"/> University transcripts/degree (if applicable) | <input type="checkbox"/> Statement of health (page 3 of the application form) |
| <input type="checkbox"/> Proof of English level | <input type="checkbox"/> 2 passport photos |
| <input type="checkbox"/> Curriculum Vitae (Resumé) | <input type="checkbox"/> Work certificates if available |

Address: «César Ritz» Colleges Switzerland
 Admissions Office - 1897 Bouveret - Switzerland
 Tel: +41 24 482 82 82 - Fax: +41 24 482 88 99
 E-mail: admissions@ritz.edu

FOR WHICH PROGRAMME ARE YOU APPLYING?

Institut Hôtelier «César Ritz», Le Bouveret

Undergraduate

- Certificate in Hotel & Restaurant Operations
- Swiss Higher Diploma in Hotel & Restaurant Management
- English Language Programme
- Bachelor of International Business in Hotel and Tourism Management (transfer to University Centre «César Ritz» for years 2 and 3)

Culinary Arts Academy Switzerland, Le Bouveret

- Advanced Certificate in Culinary Arts
- Swiss Higher Diploma in Culinary Studies

University Centre «César Ritz», Brig

Undergraduate

- University Preparatory Programme
- Bachelor of International Business in Hotel and Tourism Management (Students transferring credits from other schools / universities)

Postgraduate

- Postgraduate Diploma in International Hospitality Management
- Master of Science in International Hospitality Management
- Master of International Business in Hotel and Tourism Management

- | | | | | |
|------------------|-------------------------------------|---|------------------------------------|--------------------------------------|
| Starting dates | <input type="checkbox"/> 2007 | <input type="checkbox"/> 14th January | <input type="checkbox"/> 16th July | <input type="checkbox"/> 8th October |
| | <input type="checkbox"/> 2008 | <input type="checkbox"/> 7th April | <input type="checkbox"/> 14th July | <input type="checkbox"/> 6th October |
| Payment schedule | <input type="checkbox"/> annual fee | <input type="checkbox"/> payment by term (where applicable) | | |

PLEASE COMPLETE IN BLOCK LETTERS AND RETURN TO THE ADMISSIONS OFFICE

Correspondence Address Student:	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Family Name(s).....	First Name(s).....
Date of Birth (DD/MM/YYYY).....	Marital Status.....
	Nationality.....
House N°/ Street.....	Post Code & Town.....
Country.....	E-Mail.....
Telephone.....	Fax.....
Correspondence Parents or Guardian:	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Family Name(s).....	First Name(s).....
Occupation.....	House N°/ Street.....
Post Code & Town.....	Country.....
E-Mail.....	Telephone.....
Fax.....	

EDUCATION

Schools attended (including hotel schools or universities if applicable)

Name	Town	From / To	Diploma obtained
_____	_____	_____	_____
_____	_____	_____	_____

LANGUAGE KNOWLEDGE (Fluent / Good / Some)

	Spoken	Written	Reading
English	_____	_____	_____
Others	_____	_____	_____
Mother tongue	_____	_____	_____

TOEFL / IELTS / TOEIC Test score: _____

PREVIOUS PROFESSIONAL EXPERIENCE (Please attach copies of certificates - last 3 only)

VISA

Should you require an entry visa to Switzerland, indicate the nearest Swiss Embassy or Consulate to your home town (for the full list: www.eda.admin.ch/eda/e/home/emb/addch.html)

REPRESENTATIVE

«César Ritz» Colleges Switzerland REPRESENTATIVE (if applicable)

EDWISE INTERNATIONAL
 2, Jer Mahal, Opp. Metro Adlabs,
 Dhobi Talao Junction, Mumbai - 400002.
 India. Tel: - 91 -22 - 4081 3333
 Fax: - 91 - 22 - 2200 3269.
 Email: apply@edwiseinternational.com

CANCELLATION-WITHDRAWAL-REFUND - WAIVER

Cancellation may be accepted only up to 8 weeks prior to the start of the course, in which case CHF 1'500.- of the initial down payment of CHF 3'000.- will be re-imbursed.

In case of withdrawal or dismissal from the course, please refer to our refund policy in the corresponding course catalogue. Should an accepted student wish to postpone enrolment to a later term, the college will credit the full amount of the operating account (CHF 3'000.-) to the student's account, if informed 8 weeks before the beginning of the course. No refund is made in case of withdrawal or postponement during the 8-week period preceding the beginning of the course. The college will only accept one postponement of enrolment. A complete set of school rules and regulations, including refund policy in case of cancellation, will be provided on request. The Management reserves the right to alter the contents at any time without prior notice. This application form relates to the course programmes published in the general "COURSE CATALOGUE" and supersedes all previous publications.

«César Ritz» Colleges Switzerland assumes the right to divulge progress reports to the guardian, sponsor or appointed representative when it is considered beneficial to student progress.

Fees are reviewed every January but can be subject to change at any time.

DECLARATION

I declare that the information I have given is true and correct and that I have read and agree with the refund policy and accept the rules and regulations of the college which are available upon request.

Signature / Date _____ If applicant is minor, signature of Guardian or sponsor

Statement of Health

Student name: _____

Information concerning the health of the person to be insured.

The following questions concerning your state of health must be answered completely and truthfully.

Name and address of your family doctor, who you normally consult:

When was the last time you had treatment or underwent an examination?

Date: _____

Reason: _____

Your height: _____ cm

Your weight: _____ kg

Please mark box as appropriate:		Yes	No
1	Are you presently ill or do you have health problems ?	<input type="checkbox"/>	<input type="checkbox"/>
2	Are you presently unfit for work ?	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you have any physical disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
4	Are you at present under treatment by a doctor, chiropractor, therapist, or any other medical specialist?	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you regularly use medication?	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you have or have you had within the last 5 years, one of the following problems?		
	A Psychiatric or neurotic illnesses (depression, psychic or neurotic disorders, epilepsy, fainting fits, dizzy spells, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
	B Diseases of the respiratory organs (tuberculosis, asthma, chronic cough, etc.)? - If "No" to tuberculosis, have you had a Mantoux test? Yes, date: _____ / No - If Mantoux test was positive, a copy of the chest X-ray is required. Chest X-ray: Date _____ Result: _____	<input type="checkbox"/>	<input type="checkbox"/>
	C Diseases of the heart or blood vessels (heart attack, blood pressure, vascular diseases, phlebitis, varicose veins, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
	D Blood diseases (leukaemia, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
	E Urinary or genital diseases (kidneys, bladder, prostate, sexual diseases, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
	F Tumors or cancer?	<input type="checkbox"/>	<input type="checkbox"/>
	G Diseases of the digestive organs (stomach, intestines, liver, gall bladder, pancreas, spleen, jaundice, haemorrhoids, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
	H Metabolic or glandular disorders (diabetes, gout, thyroid gland disturbances, cholesterol problems)?	<input type="checkbox"/>	<input type="checkbox"/>
	I Bone or joint diseases (spinal column, discus hernia, sciatica, rheumatism, arthritis, backache, knee, elbow, ligament, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
	J Disorders of the skin or sensory organs (eczema, psoriasis, eye or ear diseases)?	<input type="checkbox"/>	<input type="checkbox"/>
	K Nose and throat diseases?	<input type="checkbox"/>	<input type="checkbox"/>
	L Disorders of the nervous system?	<input type="checkbox"/>	<input type="checkbox"/>
	M Dyslexia?	<input type="checkbox"/>	<input type="checkbox"/>
	N Allergies?	<input type="checkbox"/>	<input type="checkbox"/>
7	Have you undergone an Aids test, which was positive for HIV?	<input type="checkbox"/>	<input type="checkbox"/>
8	Do you regularly consume, or have you regularly consumed drugs?	<input type="checkbox"/>	<input type="checkbox"/>
9	Do you suffer from illnesses, consequences of accidents, deformities, or congenital diseases?	<input type="checkbox"/>	<input type="checkbox"/>
10	Is any treatment planned (outpatient, partial in-patient, hospitalisation, cure)?	<input type="checkbox"/>	<input type="checkbox"/>
11	Have you been unfit to work for more than 4 weeks during the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
12	For female applicants:		
	A Are you pregnant? Expected delivery date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	B Do you suffer, or have suffered from gynecological disorders (ovaries, uterus, fallopian tubes, sterility, miscarriage, irregular periods, etc.) or breast complaints? Waiting period for maternity benefits 365 days	<input type="checkbox"/>	<input type="checkbox"/>

If one or more questions have been answered with yes, please list in more detail below:

Number	Illness, accident, disability, etc.	Treatment date	Treatment terminated	Name and address of the doctor responsible or hospital

DECLARATION

I declare that the information I have given is true and correct.

Signature / Date _____ If applicant is minor, signature of Guardian or sponsor

Supplementary Information

HOW DID YOU FIRST HEAR ABOUT OUR PROGRAMMES?

- | | | |
|---|---|--|
| <input type="checkbox"/> Friends or Family | <input type="checkbox"/> School Counsellor* | <input type="checkbox"/> «César Ritz» student* / graduate* |
| <input type="checkbox"/> Industry professional* | <input type="checkbox"/> Seminar / Fair (city, date)* | <input type="checkbox"/> Web site / Internet |
| <input type="checkbox"/> Newspaper* | <input type="checkbox"/> Swiss Embassy / Consulate | <input type="checkbox"/> Educational Website |
| <input type="checkbox"/> Other* | * Please give the name _____ | |
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ACCOMMODATION REQUESTS

If no preference is made, students will be informed of their room allocation upon arrival.

Institut Hôtelier «César Ritz», Le Bouveret (all rooms are non-smoking)

- Standard room (no extra charge)

VIP Deluxe Room

- Single room

- Double room

Additional cost

- one term CHF 1'850.-

- one term CHF 850.-

Additional cost

- two terms CHF 3'600.-

- two terms CHF 1'600.-

University Centre «César Ritz», Brig

- Deluxe room (no extra charge)

- Smoking

- Non-smoking

Dietary requirements

- Vegetarian

- Non-Fish

- Non-Beef

- Non-Pork

- Food Allergies

«César Ritz» Colleges Switzerland cannot guarantee that all requests can be met in full. Preference for allocation is made for applicants who reserve first.

WELCOME PACKAGE

Once you have reserved your place, we will send you a welcome package with full details of the items you need to bring and supplementary information about the campus.

ARRIVAL DETAILS

Dates

Students in Brig are requested to arrive on the Thursday or Friday before the official starting date.

Students in Bouveret are requested to arrive from the Friday to Sunday before the official starting date.

Airport

Students should fly to Geneva airport if possible where we will have a Welcome Desk.

Welcome Desk

«César Ritz» Colleges Switzerland will have a Welcome Desk at Geneva airport staffed by experienced students who will help you with luggage and to purchase the Half Fare Card and train ticket.

Opening times are from Thursday to Sunday, 8.30 AM – 11.00 PM.

If you are arriving outside these times, please inform the Admissions Office in advance.