



Application Form

In order to apply, the completed enrolment form and all additionally required documents should be sent to:

The Registrar, IMI International Management Institute Switzerland
Seeacherweg 1, 6047 Kastanienbaum, Switzerland
Phone: +41 41 349 64 00, E-mail: info@imi-luzern.com

If you are in contact with a local IMI Representative, he or she will assist you in this process.

IMI International Management Institute Switzerland reserves the right to alter fees, dates and curriculum without prior notice. Occasionally, IMI and ICI students will be required to participate in filming and/or photographic shooting for academic or marketing purposes. If you have any objections to this, please state them in writing to the Academic Dean.

Other Required Documents:

- Motivation Letter -approx. 500 words;
- CV/Résumé in English;
- Academic Transcripts/Certificates;
- Work references or reports if available;
- IELTS, TOEFL, or equivalent English results;
- Two recent passport photos (3.5 x 4.5 cm);
- Copy of passport and Swiss residence permit where applicable;
- Certificate of good health completed by a licensed physician.
- Proof of financial funds
(See www.imi-luzern.com for full details of the application process.)

Please write clearly in BLOCK LETTERS

Starting Date: [ ] 21st Aug 2017 [ ] 13th Nov 2017 [ ] 12th Feb 2018 [ ] 7th May 2018 Other \_\_\_\_\_
Family name(s) \_\_\_\_\_ First name(s) \_\_\_\_\_ Male [ ] Female [ ]
Date of birth (Day/Month/Year) \_\_\_\_\_ Nationality \_\_\_\_\_ Marital status \_\_\_\_\_
Place and country of birth \_\_\_\_\_ Mother Tongue \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_
Postal Code \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_
Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_
Email \_\_\_\_\_

Parent(s), legal guardian or financial sponsor (if other than the parents/legal guardian):

Family name(s) \_\_\_\_\_ First name(s) \_\_\_\_\_ Male [ ] Female [ ]
Date of birth (Day/Month/Year) \_\_\_\_\_ Nationality \_\_\_\_\_ Marital status \_\_\_\_\_
Place and country of birth \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_
Postal Code \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_
Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_
Email \_\_\_\_\_

Select the first level of study you are applying for:

Bachelor of Arts (Hons) Degree

[ ] Certificate Int. Hotel & Tourism Management [ ] Diploma Int. Hotel & Tourism Management [ ] Diploma Int. Culinary Arts

Higher Diploma Elective... (Please select below.)

[ ] Int. Hotel Management [ ] Int. Hotel & Tourism Management [ ] Int. Hotel & Events Management
[ ] Int. Tourism & Events Management [ ] Int. Hospitality Entrepreneurship [ ] Int. Culinary Arts

Bachelor of Arts (Hons) Degree in... (Please select below.)

<input type="checkbox"/> Int. Hotel Management	<input type="checkbox"/> Int. Hotel & Tourism Management	<input type="checkbox"/> Int. Hotel & Events Management
<input type="checkbox"/> Int. Tourism & Events Management	<input type="checkbox"/> Int. Hospitality Entrepreneurship	<input type="checkbox"/> Int. Culinary Arts

Swiss Degree in International Hospitality Management... (Please select below.)

<input type="checkbox"/> Professional Development Year	<input type="checkbox"/> Year 1	<input type="checkbox"/> Year 2	<input type="checkbox"/> Year 3
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Postgraduate Programmes

<input type="checkbox"/> Postgraduate Diploma in International Hotel and Events Management	<input type="checkbox"/> MBA in International Hospitality Management
<input type="checkbox"/> The IMI Luzern MBA in Swiss Hotel Management Operations	<input type="checkbox"/> The IMI Luzern MBA in Luxury Brands and Services Management in Hospitality

English Language Programmes

<input type="checkbox"/> Pre-Sessional English Course (PSEC)	<input type="checkbox"/> University English Preparatory Programme (UEPP)
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Which of the above will be your final qualification? \_\_\_\_\_

Education

Schools attended, most recent first (including universities or hotel management schools if applicable)

Name	Town	From/to (dates)	Certificates/Diplomas received
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I wish to book the following supplements for the duration of the academic semester:

Accommodation Options:	For semester (22 weeks)	For UEPP	For PSEC
Twin (shared shower & toilet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard twin (shared shower/private toilet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twin (private shower & toilet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single (shared shower & toilet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single (shared shower/private toilet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single (private shower & toilet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Full Board	Lunch & dinner only	No meals
Meals option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visa: Should you require an entry visa to Switzerland, indicate the Swiss Embassy or Consulate closest to your hometown: \_\_\_\_\_

Declaration: I wish to confirm that all the information given is true to the best of my knowledge. I have read and accepted the information contained in the programme brochure, as well as the terms and conditions governing fees, refund policy, notice of withdrawal and dismissal on the IMI website. I am aware of the fact that course conditions and programmes can be changed without prior notice. Eventual disputes will be settled by the courts of the Canton of Luzern. I herewith and without exception commit to leave Switzerland upon completion of my studies. I furthermore declare that I will not apply for any extension of the permit after my studies. I am also aware of the legal significance of my signature according to Swiss law.

Signature of applicant: \_\_\_\_\_ Place and Date: \_\_\_\_\_

Signature of parent/legal guardian/financial sponsor (if applicant is a minor or sponsored): \_\_\_\_\_ Place and Date: \_\_\_\_\_

IMI Representative (if applicable): \_\_\_\_\_ Place and Date: \_\_\_\_\_