



APPLICATION FORM

HTMi

Please complete this form in **BLOCK LETTERS** and return it together with 5 passport photographs, copies of school transcripts and certificate, and or notification of bank transfers, made out to 'HTMi' for 3000 Swiss francs, and send to:

The School Administrator, 'HTMi', the School of International Hotel & Tourism Management, Hotel Campus Mariental Panorama, 6174 Soerenberg, Kanton Luzern, Central Switzerland.

PERSONAL DETAILS

Family name	Given name(s)
Date of Birth	Nationality
Marital Status	Sex
Country of Birth	Religion (optional)
Passport No.	Passport Valid until

CORRESPONDENCE ADDRESS

Number/street	Telephone
Town	Fax
Postcode	E-mail
Passport No.	

HOME ADDRESS IF DIFFERENT FROM THE CORRESPONDENCE ADDRESS

Family name	Given name(s)
Number/street	Telephone
Town	Fax
Postcode	Country
Profession(s)	

FOR WHICH COURSE(S) DO YOU WISH TO REGISTER?

Postgraduate Diploma in International Hotel and Tourism Management	
Bachelor of Arts (Honours) Degree in Hotel and Tourism Management	
Higher Diploma in International Hotel and Tourism Management	
Diploma in International Hotel and Tourism Management	
Certificate in International Hotel and Tourism Operations	

Intended Start Date:

Sep 2007

January 2008

EDUCATION

Schools, Colleges, Universities attended. (Please attach CIPIES OF Transcripts, certificates diplomas, degrees and proof of proficiency in English where available.)

Name of Institution	Dates Attended		Graduation	
	From	To	Certificate/Award Name	Date

EMPLOYMENT HISTORY

Post held starting with the most recent

Job Title	Employer	Start Date	End Date

PROFICIENCY IN ENGLISH

Please Tick

	Fluent	Good	Adequate
Written			
Spoken			
Reading			

Have you taken any test or examinations in English? Yes No

If so please specify and state the score _____

What is your mother tongue? _____

DISABILITY / SPECIAL NEEDS

Please give details (use a separate sheet if necessary) if you have a physical or sensory disability which might in some way affect your studies at the institution or may require special facilities or treatment.

PAYMENT OF FEES. Who is expected to pay your fees? Yourself Parents Employer Government Other (please specify _____)

Agent's Name. Bikam Overseas Placement & Study Services 208, Walia Complex, Dugri Road Ludhiana, Punjab, India. Pin Code - 141002. Tel+91-161-4632779/ 4635901
--

PERSONAL STATEMENT IN SUPPORT OF YOUR APPLICATION

Your may use this space to indicate your personal achievements to date, and to indicate why you wish to study this course and to work in this industry, or any other statement that you feel will support your application.

Please indicate how you heard of these courses:

APPLICANTS DECLARATION

I declare that the information given by me is true to the best of my knowledge. I am fully aware of the regulations regarding fees, refunds, etc contained in the school fact sheet. I am aware that the content of courses and course conditions may be changed without prior notice. Disputes will be settled in the courts of Switzerland.

Students signature: _____ Date: _____

If the applicant is under 18 years of age, this form should be signed by a parent/guardian.

Parent /guardian's signature: _____ Date: _____

Have you included passport photographs, transcripts, deposit payment details?

REFERENCE(confidential statement by referee)

Name of Referee _____

Position _____

How long have you known the candidate? _____

In what capacity? _____

Referee's please comment on the applicants suitability for work in the industry and to follow and to follow an academic course.

Referee's Signature:

Date: