

4. Parental contact details for invoices

Please indicate in whose name the invoice for the program fees should be addressed:

Name of company:

Dr./Mr./Mrs./Ms. Family Name: First Name:

Mailing Address:

Post code & City: Country:

Telephone: Email:

5. How did you hear about BSL for the first time? (Please indicate the original source of information)

Agent:

From a BSL current student:

From a BSL former student:

BSL faculty:

Career advisor/Employer:

Event/Conference:

Fair:

Friend /Family / Colleague:

High school (counselor/event):

Internet:

Other institutions/organizations:

Press article:

Print advertising:

School rankings:

Social media:

I am a current / former BSL student:

Other:

Business School Lausanne reserves the right to change or modify in part or completely any course description and/or program in the interests of all parties concerned. The place of legal venue for any dispute shall be Lausanne, Vaud, Switzerland.

I,, hereby certify that I have read and understood the “Registration Terms and Conditions” and sign in acceptance of these conditions. I fully adhere to the rules and regulations of the school. I also confirm that the information entered by myself on the application form is correct.

First name: _____ Family name: _____

Date: _____ Signature of applicant (or parents/guardian if minor): _____

Please return your completed application form to:

Business School Lausanne
Office of Undergraduate Admissions
Route de la Maladière 21
1022 Chavannes
Switzerland