



REFERENCE LETTER FOR MASTER'S DEGREE APPLICANTS

To be Filled in by the Referee

Applicant Family Name _____ Applicant First Name _____

Applicant Date of Birth

Comments in Support of this Applicant

Name of the Referee _____

Position and Establishment _____

Contact Method of Referee (optional) _____

Date

Signature of the Referee _____

Please have the referee complete and sign this form and upload to the Online Application, or email to onlineapp@glion.edu or post to:
Glion Institute of Higher Education, Enrollment Department, Chemin du Pierrier 1, 1815 Clarens, Switzerland.