

SUPPLEMENT FORM-BOSTON

(Use Capital Letters)

Gestión de Visados

Last Name: First Name:

Sex: *Male* *Female* Passport Number: Date of Birth: ___ / ___ / ___
Day Month Year

Place of Birth: Country :

Current Nationality: Legal Status:

Datos Solicitante

Maiden Name: Marital Status: *Married* *Single* *Separated*
Divorced *Widow* *Others*

Address of Residency:

Telephone Number: (____) _____ - _____

Type of Visa: Nº Exp. Date: ___ / ___ / ___
Day Month Year

Profession: Company Name:

Company's Address:

Datos Visado

Number of Entrances: 1 2 Mult. From ___ / ___ / ___ To ___ / ___ / ___
Day Month Year Day Month Year

Duration of Stay: _____ Days

Port of Entry: Main Destination:

Purpose of Travel: Contact Information:

Reference (*) / Address:

City: Zip Code: Province:

(*) *if you are student, School Center in Spain*

Date: ___ / ___ / ___
Day Month Year

Signature:

SUPPLEMENT FORM-BOSTON CONSULATE INSTRUCTIONS

YOU MUST USE CAPITAL LETTERS WHEN COMPLETING

GESTION DE VISADOS:

LAST NAME FIRST NAME

SEX: CHECK APPROPRIATE BOX

DATE OF BIRTH: DAY/MONTH/YEAR

PLACE OF BIRTH: CITY AND STATE

COUNTRY OF BIRTH

CURRENT NATIONALITY

LEGAL STATUE: N/A OR LIVING IN COUNTRY OF RESIDENCY UNDER SPECIAL VISA, ETC.

DATOS SOLICITANTE:

MAIDEN NAME

MARITAL STATUS

ADDRESS OF RESIDENCE: PUT YOUR ADDRESS WHICH FALLS WITHIN THE BOSTON
CONSULATE'S JURISDICTION

TELEPHONE NUMBER-HOME AND CELL NUMBERS

TYPE OF VISA: LEAVE BLANK

PROFESSION: STUDENT

COMPANY NAME: NAME OF YOUR SCHOOL IN BARCELONA

COMPANY ADDRESS: SCHOOL ADDRESS-see below

UNIVERSIDAD AUTONOMA DE BARCELONA

PLAÇA CÍVICA, CAMPUS DE LA UAB, 08193 SARDAÑOLA DEL VALLÉS, BARCELONA, SPAIN

ELISAVA

LA RAMBLA 30-32, 08002 BARCELONA

Universitat Pompeu Fabra

Plaça de la Mercè, 10, 08002, Barcelona, Spain

DATOS VISADO:

NUMBER OF ENTRANCES: CHECK MULTIPLE

FROM: CHECK IN DATE TO CHECK OUT DATE

DURATION OF STAY: COUNT ALL THE DAYS FROM CHECK IN TO CHECK OUT

PORT OF ENTRY: THE CITY WHERE YOU FIRST LAND ONCE LEAVING THE US

MAIN DESTINATION: BARCELONA, SPAIN

PURPOSE OF TRAVEL: STUDY

CONTACT INFORMATION: SAI ADMISSIONS COUNSELOR

REFERENCE: SEE ABOVE ADDRESS INFORMATION

DATE

SIGNATURE (NOTARIZED)