

ONLY FOR GROUP APPOINTMENTS
NOT FOR INDIVIDUAL APPOINTMENTS

Name of College/University/Program presenting the GROUP APPOINTMENT

Saint Louis University

Name of College/University/Program of the Student in SPAIN

Saint Louis University Madrid

Student's Name: _____

City: _____ Date: _____

Acknowledgment:

I understand that by signing this document I agree to redeem my passport to the Consulate of Spain in Chicago for up to seven weeks from the date of the appointment. I therefore, cannot request the passport until the visa process has been completed.

Signature of the student: _____

DATE _____