



VISA INFORMATION FORM

PLEASE WRITE CLEARLY!!!

Name: _____

Phone: _____

E-mail: _____

Where do you want us to send your visa? (Please write your address)

By signing this document, I understand and agree that I will not have access to my passport until the Chicago Spanish Consulate has finalized the visa process and the Saint Louis University Study Abroad office has obtained the passport back from the Consulate.

Signature: _____

Date: _____