

STUDY VISA + 90 days

(for studies up to 90 days one must apply for a Schengen visa through BLS UAE office)

1. Where to apply for a study visa/student permit:

a) University Studies, language courses, primary & secondary education:

- SPAIN:

- Applicants holding a valid Schengen visa, or those exempt from the visa requirement, can apply directly in Spain for the student permit (no need to apply for the study visa).
- In this case, they need to register their application through the competent local authority "Delegación/Subdelegación del Gobierno – Oficina de Extranjeros" in the city where the University or School is located.
- The application must be submitted, at the latest, one month before the expiration date of the visa or one month before the expiration date of the allowed period in the Schengen area for those nationalities exempted from the visa requirement.

Kindly note that this Embassy is not competent for this procedure and does not provide any information about it.

- BLS UAE Visa Application Centre in Dubai only.

b) For all other cases it is needed to apply for the visa at BLS UAE Visa Application Centre in Dubai only.

Processing time: for those applications submitted at the Embassy, around two weeks from the date of submission.

2. Documents required:

1.- A fully completed **application form** with two passport pictures. Forms can either be collected at the Embassy or downloaded from the following link:

<https://www.exteriores.gob.es/en/EmbajadasConsulados/Documents/Consular/20210611-Formulario%20nacional%20espa%3%b1ol-ingl%3%a9s.pdf>

2.- Original and copy of the **passport**

- The validity of the passport must last at least one year from the date of submission or, at least, the minimum period of the intended stay as per the course.
- The **original passport will not be kept at the Embassy** while processing the application.

3.- Documents issued by an officially authorized study center in Spain:

- **Certificate of acceptance** for a full-time program (it must include type and length of studies, language in which it is taught and information regarding the tuition fee (total amount)).
- This certificate ***must be written in Spanish***,
- **Receipt of tuition fees payment** (Deposit or First installment) signed and stamped by the center and bank statement/document proving the transfer.

4.- **Proof of financial means** which enable the applicant to meet life needs while in Spain (belonging to applicant or to the sponsor, or both):

- salary certificate if working, otherwise the sponsor salary certificate

- bank statement for the last six months

If the applicant's parents are going to be responsible for the economic support while studying, an Affidavit signed by the parent/s declaring their commitment to do is required (Annex I).

5.- Medical insurance covering the applicant for any disease that he/she might suffer while living in Spain: Insurance must be valid for the complete duration of the requested visa. Conditions must be stated either on the insurance document or on a separate confirmation letter stamped by the insurance company. The policy must include, in any case: ***no deductibles, franchises or co-payment.***

Kindly find a link where you can find the insurers authorized by the competent Spanish authorities (Dirección General de Seguros y Fondos de Pensiones) in Annex VI.

6.- ONLY for studies over six months: Good conduct certificate or equivalent (only for applicants over 18 years old) issued by the local police authorities of the country (countries) of residence over the last 5 years. The certificate issued by the UAE **must be legalized** both by the EAU Ministry of Interior and Ministry of Foreign Affairs (MOFA).

- Once stamped by MOFA, it is possible to finalize the legalization of the document at the Embassy on the date of the appointment for the visa application.
- Certificates issued by third countries must also be legalized by the Spanish Embassy in that country.
- Kindly note that the Hague Apostille might be required for certificates issued by third countries.
- **This document must be translated into Spanish** by a sworn translator. Kindly find a list of certified translators on Annex II.

7.- ONLY for studies over six months: Medical certificate stating **explicitly** that the applicant does not have any ***disease according to the International Health Regulations (IHR) 2005***

- Certificates not including the following sentence or similar: ***"the applicant does not have any disease according to the International Health Regulations (IHR) 2005", are not acceptable.***
- This certificate **must be legalized** both by the UAE Ministry of Health and Ministry of Foreign Affairs.
- Once stamped by MOFA, it is possible to finalize the legalization of the document at the Embassy on the date of the appointment for the visa application.
- Certificates issued by third countries must also be legalized by the Spanish Embassy in that country.
- Kindly note that the Hague Apostille might be required for certificates issued by third countries.
- **This document must be translated into Spanish** by a sworn translator. Kindly find a list of certified translators on Annex II.

*Kindly find a medical certificate template for your reference on Annex III.

8.- ONLY for UNDERAGE STUDENTS (below 18 years old by the time of the date of your appointment with our Embassy)

- Authorization (Affidavit) by parents or legal guardian signed and stating the center, organization, entity and body responsible for the activity and the period of stay foreseen, as per Annex IV (**kindly note that it must be in Spanish**, in case you need any help by filling the declaration, kindly contact any of the sworn translators provided).
- Authorization of the person who will be legally responsible for the student **in Spain** as per Annex V, in which he/she authorizes the Spanish authorities to carry out a consultation of the Register of sexual offenders -except in the case of first or second degree relatives -. ***A copy of his/hers Spanish ID or residence permit in Spain (both sides of the ID) is mandatory as well.***
- Visa application form must be signed **by both parents.**

9.- Who can submit the application:

- Applications must be submitted *in person by the applicant at the Embassy.*
- Applications can be also submitted by an authorized person on behalf of the student. *In that case, an authorization on favor to someone else issued before a public notary, dully legalized and translated into Spanish is mandatory.*
- In the case of underage students, *any of the parents can register the application.*

10.- Who can collect the visa:

- The student her/himself must collect the visa, regardless the existence of an authorization as per point 9.2.
- In the case of underage students, *any of the parents can collect the visa.*

11.- APPOINTMENTS

Kindly contact BLS UAE Visa Application Centre or visit their website.

Annex I

Declaration (financial means)

I, the undersigned (include here full name),.....
.....(mention here nationality)
.....national, holder of passport number....., in
my capacity as father/mother of (student full name).....
....., (mention here nationality).....
.....national, holder of passport number

as per this deed, I declare and undertake that I commit to pay the fees of study and living of my son/daughter in Spain, and all the related expenses such as accommodation, transport and treatment, including fees to return to our home country and other fees such as fines and violations, if any, during of her study period in Spain.

I assume all responsibility in case of not complying with the declared above.

This is an acknowledgement/declaration on my part to be submitted to the Embassy of Spain in Abu Dhabi.

Declarant

Full name:
Date and place:
Passport number:

Annex II

List of sworn translators appointed by the Spanish Ministry of Foreign Affairs, European Union and Cooperation, who are available in the United Arab Emirates:

List of Translators Spanish/English/Spanish:

- 1- María José Ibarra Domene: 050 – 2897483 mariajoseibarradomene@gmail.com (Dubai)
- 2- Verónica Conesa Izquierdo: 056-6056984 veronicacone@gmail.com (Dubai)
- 3- María Gómez Amich: 052-5939169 mgamich84@hotmail.com (Dubai)
- 4- Yasmina Shawi Sanchez: 056-8978941 yasminshawishachez@hotmail.com (Dubai)
- 5- Claudia Lang-Lenton Arrizabalaga: 056-6448495 claudia.lenton@gmail.com (Dubai)
- 6- Laura de Lorenzo Alba: 050-2385033 laurade.89@gmail.com (Dubai)
- 7- Maria Flor Mateo Romo: 050-4049188 flor.mateo@gmail.com (Abu Dhabi)

List of translators Spanish/Arabic/Spanish:

- 8- Sara Hanna Montero: 052- 9117133 sarahannam@yahoo.es (Dubai)
- 9- Dina Hind Zarif Cócera: 052-9898301 dinahindzarif@gmail.com (Dubai)

Important to notice: *Translations made by sworn translators appointed by the Spanish Ministry of Foreign Affairs, European Union and Cooperation are valid in Spain without need of legalization.*

Medical Certificate of Good Health

This certificate verifies that Mr./Ms. is free of drug addiction, mental illness, and does not suffer from any disease that could cause serious repercussions to public health according to the specifications of the International Health Regulations of 2005. These contagious diseases include, but are not limited to smallpox, poliomyelitis by wild polio virus, the human influenza caused by a new subtype of virus and the severe acute respiratory syndrome (SARS), cholera, pneumonic plague, Bellow fever, viral hemorrhagic fevers (e.g.: Ebola, Lassa, Marbug), West Nile Virus and other illnesses of special importance nationally or regionally (e.g.: Dengue Fever, Rift Valley Fever, and meningococcal disease).

Mr./Ms. is a very healthy individual in all senses, he/she has no pre-existing medical conditions, and she/he is capable of travelling abroad.

Original Physician Signature:

Place and date:

Official Physician Stamp:

Certificado Médico de Buena Salud

Por el presente se certifica que el Sr./Sra. No padece ninguna drogodependencia, enfermedad mental o alguna de las enfermedades que suponen riesgo para la salud pública de conformidad con lo dispuesto en el Reglamento Sanitario Internacional de 2005. Estas enfermedades incluyen, entre otras, la viruela, poliomyelitis por poliovirus, gripe humana causada por nuevos subtipos de virus, síndrome respiratorio agudo severo (SARS), cólera, neumonía, fiebre amarilla, las fiebres hemorrágicas virales (como el Ébola, Lassa, Marburgo, etc.), la fiebre del Nilo Occidental y otras enfermedades de ámbito nacional o regional (como el Dengue, fiebre del Valle del Rift, síndrome meningocócico, etc.)

El Sr./Sra..... Se encuentra en buen estado de salud general y presenta un historial médico libre de enfermedades, por lo que se estima apto para viajar al extranjero.

Firma original del médico:

Lugar y fecha:

Sello oficial del médico:

Annex IV

Autorización Paterna/Materna

Don, mayor de edad,
residente en,
nacional de, con número de pasaporte

Doña, mayor de edad,
residente en,
nacional de, con número de pasaporte

Dicen y otorgan:

Que, en su condición de progenitores de su hijo/a menor don/doña.....
....., nacido/a el,
de nacionalidad y con pasaporte número,
autorizan a Don/Doña,
con D.N.I. número, a que, mientras dure la estancia
de su citado hijo/a en España, para realizar sus estudios en el centro

PUEDA:

Actuar como responsable legal en España del menor Don/Doña
....., mientras dure su periodo de
formación y siga siendo menor de edad, actuando además como su tutor académico.

Declarante

Declarante

Nombre:
Número de pasaporte:

Nombre:
Número de pasaporte:

Annex V

AUTORIZACIÓN A LA ADMINISTRACIÓN PÚBLICA PARA EL ACCESO A LOS DATOS DEL REGISTRO CENTRAL DE DELINCUENTES SEXUALES A TRAVÉS DE LA PLATAFORMA DE INTERMEDIACIÓN DE DATOS DEL MINHFP

Datos personales:

N.I.F./N.I.E./PASAPORTE	NOMBRE	
<input type="text"/>	<input type="text"/>	
PRIMER APELLIDO	SEGUNDO APELLIDO	SEXO
<input type="text"/>	<input type="text"/>	<input type="text"/>
FECHA DE NACIMIENTO	LUGAR DE NACIMIENTO	PROVINCIA DE NACIMIENTO
<input type="text"/>	<input type="text"/>	<input type="text"/>
NOMBRE DEL PADRE	NOMBRE DE LA MADRE	MENOR DE EDAD
<input type="text"/>	<input type="text"/>	<input type="text"/>

A los efectos de dar cumplimiento a lo establecido en la Ley 26/2015, de 28 de julio, de modificación del sistema de protección a la infancia y la adolescencia, y la Ley 45/2015, de Voluntariado, para trabajar con menores, **AUTORIZO** a la Administración solicitante * para que, de conformidad con el artículo 28 de la Ley 39/2015, de 1 de octubre, del Procedimiento Administrativo Común de las Administraciones Públicas, acceda a los datos relativos a mi persona que consten en el Registro Central de Delinquentes Sexuales, a través de la Plataforma de Intermediación de Datos del Ministerio de Hacienda y Función Pública.

En a de de 20... ..

Firma

* Indíquese el Ministerio, Comunidad Autónoma, Ayuntamiento, organismo público que le haya solicitado el certificado.

Annex VI

- In order to find the list of insurers authorized by the Spanish competent authorities (“Dirección General de Seguros y Fondos de Pensiones”) kindly check the following link:

<https://dgsfp.mineco.gob.es/es/Consumidor/RegistrosPublicos/Paginas/Aseguradoras.aspx>

Annex VII

List of some hospital and clinics in The United Arab Emirates, which usually issue the medical certificate as per the Spanish legal requirements:

- Dubai Academic Health Corporation
- Al Nahda Occupational Health
- Vilafortuny
- Cure Medical Center
- Dr. Sulaiman Al Habib Hospital FZ-LLC
- Zia Medical Center

**** Disclaimer: The Embassy of Spain in Abu Dhabi does not recommend any specific clinic or hospital. You can find other hospitals or clinics that might issue the medical certificate as per our rules and regulations.***