MINISTERIO
DE ASUNTOS EXTERIORES, UNIÓN EUROPEA
Y COOPERACIÓN

EMBAJADA DE ESPAÑA
EN ABU DHABI

STUDY VISA

1. **General Information**

- **Minimum age for applicants:**
  - Higher Education (University, Master's, and PhD): 17 years old.
  - Post-Compulsory Secondary Education and Training Programs (including language courses): 18 years old.

- **Application submission deadline:** applications must be submitted at least two months prior to the start date of the intended activity or studies. Applications submitted less than two months before the start date may not be accepted.

2. **Family members of students.**

- Only family members of the holder of a higher education visa are eligible to apply for this type of visa.

- These applications can only be submitted once the student has successfully obtained the corresponding student visa.

- Family members of the main applicant who are entitled to apply:

  a) Spouse.

  b) Unmarried minor children, of the applicant or his/her spouse, or those who have not established their own family unit.

  c) Children over 18 years-old of the applicant or his/her spouse, who are adults and have a disability that requires support, or who are objectively unable to provide for their own needs due to their health condition.

3. **Application submission deadline:**

Applications must be submitted at least two months prior to the start date of the intended activity or studies. Applications submitted less than two months before the start date may not be accepted.

4. **Documents required**

* **National visa application form**: Fully completed and signed by the applicant or their representative (a power of attorney, dully legalized and translated into Spanish by a sworn translator is required), if applicable. In case of underage students, then both parents must sign the application form.
* **Applicant's passport:** valid for at least one year, with at least one blank page to affix the visa.
* **Photocopy of the applicant's passport:** a copy of the data page of the applicant's passport.
* **Copy of residence permits of the last 5 years:** issued by the UAE or any other country.
* **Photograph**: One recent color passport-sized photo with a white background.

Correo electrónico: emb.abudhabi@maec.es

Al Ladeem St., Al Nahyan
Commercial Buildings 96.
P.O. Box 46474. Abu Dhabi,
Emiratos Árabes Unidos
TEL.: +971 2 4079000
FAX: +971 2 6274978

*** Certificate of acceptance for a full-time program:** it shall include the program type, duration, the language of instruction, and details regarding the tuition fees (total amount). The certificate must be written in Spanish.

*** Receipt of tuition fee payment:** a receipt for the payment of the tuition fees (deposit or first installment), signed and stamped by the institution, along with a bank statement or document proving the transfer.

Proof of Financial Means (from the applicant, sponsor or both):

- a salary certificate if the applicant is employed, or alternatively, the sponsor's salary certificate.
- a bank statement for the last six months.

If a third party will financially support the applicant, an affidavit signed by this sponsor is required. (Annex I).

Medical Insurance: the insurance must cover the applicant for any illness or medical condition during their stay in Spain.

- The policy must be valid for the full duration of the requested visa.
- The terms must be clearly stated on the insurance document or on a separate confirmation letter, stamped by the insurance provider.
- The policy must include, without exception, no deductibles, franchises, or co-payments.

Good conduct certificate (original and photocopy) for applicants over 18 years-old: A certificate of good conduct (or its equivalent) issued by the local police authorities of the country (or countries) of residence over the last 5 years. The certificate issued in the UAE must be legalized by both the UAE Ministry of Interior and the Ministry of Foreign Affairs (MOFA). This document must be translated into Spanish by a sworn translator. If this certificate does not include an explicit validity period, it will be understood to be valid for up to 6 months since the date of issuance.

Medical certificate (original and photocopy)*:* A certificate explicitly stating that the applicant does not have any diseases according to the International Health Regulations (IHR) 2005. This document must be translated into Spanish by a sworn translator.

ONLY for UNDERAGE STUDENTS (below 18 years old at the time of the appointment at the BLS office):

- **Parental or Legal Guardian Authorization (Affidavit):** This document must be signed by the parents or legal guardian, specifying the center, organization, entity, or institution responsible for the activity, as well as the expected duration of stay, as per Annex IV.

- **Authorization of the responsible person in Spain**: This document, as per Annex V, must state the person legally responsible for the student in Spain. It should also include his/her consent for the Spanish authorities to consult the Sexual Offender Registry (except for first- or second-degree relatives).

- **A copy of the responsible person's Spanish ID or residence permit:** both sides of the ID.

Family members of the main applicant: documents to be submitted to demonstrate the family relationship of the applicant's beneficiaries.

- Marriage Certificate for the spouse. The certificate must be issued within six months prior to the application submission.
- Birth Certificates for children.
- Disability Certificate or its equivalent to verify the dependent's disability.

These certificates must be legalized by the UAE Ministry of Foreign Affairs or by the relevant authorities in the issuing country. If issued outside the UAE, the documents must be legalized by the Embassy of Embassy in the respective country. For documents from third countries, the Hague Apostille may apply.

All documents must be translated into Spanish by a sworn translator.

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5. How to apply

5.1 Higher education studies (University, Master's, and PhD):

a) 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).
- Applicants must be 18 years old.
- 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 education centre is located.
- The application must be submitted, at the latest, two months before the expiration date of the visa, as well as two months 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.

b) BLS UAE Visa Application Centre in Dubai (not at BLS premises in Abu Dhabi). To book an appointment: https://uae.blsspainvisa.com.

5.2 Post-Compulsory Secondary Education and Training Programs (including language courses): BLS UAE Visa Application Centre in Dubai (not at BLS premises in Abu Dhabi). To book an appointment: https://uae.blsspainvisa.com.

6. Who can collect the visa:

The student her/himself must collect the visa.

In the case of underage students, any of the parents can collect the visa.

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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.*

Annex III

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, poliomielitis 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, poliomielitis 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

PRIMER APELLIDO	SEGUNDO APELLIDO	SEXO

FECHA DE NACIMIENTO	LUGAR DE NACIMIENTO	PROVINCIA DE NACIMIENTO

NOMBRE DEL PADRE	NOMBRE DE LA MADRE	MENOR DE EDAD

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 Delincuentes Sexuales, a través de la Plataforma de Intermediación de Datos del Ministerio de Hacienda y Función Pública.

En … … … … … …… … … … … …… … … … … … a … … … de … … … … … … de 20… …

Firma

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