

Data for student visa request

Dear medical Student.

Please send the information below to request your student visa in the corresponding Cuban consulate

Name and surnames:

Date of birth:

Private address:

Life/Medical Insurance data & number:

Passport number:

Date of issue:

Expiry date:

University:

University Address:

Year you are in:

Work center:

Address:

Date of arrival in Havana:

Date of departure from Havana:

City where the student visa should be issued provided that there is a Cuban consulate: