

ENROLMENT FORM

Master in Paediatric Speech and Language Therapy

Name and Surname:
Passport Number (or equivalent):
Postal Address:
Email:
Phone:
University Degree (and year of completion):
<p>Please send this form to info@saera.eu together with the following documents:</p> <ul style="list-style-type: none"> <input type="radio"/> Passport (or equivalent) (scanned copy) <input type="radio"/> Curriculum Vitae <input type="radio"/> University Degree Diploma (scanned copy) <input type="radio"/> Passport size photograph (scanned copy)

PAYMENT OPTIONS

<input type="checkbox"/> Bank transfer	<p>The student should make a payment to the following bank account: Bank account: ES37 0049 1078 1626 1062 1943 Bank: Banco Santander SWIFT/BIC Code: BSCHEM33 Account holder: School of Advanced Education, Research and Accreditation, S.L. Subject: "Course Name– Name and Surname"</p>
<input type="checkbox"/> Financing options	<p>Students can choose between the below three financing options:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 3 monthly or bimonthly installments <input type="checkbox"/> 6 monthly installments <input type="checkbox"/> 9 monthly instalments <input type="checkbox"/> 12 monthly instalments <p>Once you send this filled in form to info@saera.eu, we will inform you about the exact amount of each installment.</p>
<input type="checkbox"/> Alternative payment methods	<p>Once you send this filled in form to info@saera.eu, we will inform you about the alternative payment methods.</p>