



Tuition Payment Information Form – Spanish Language

Name _____ Nationality _____

Permanent address _____

_____ passport _____

Tuition payment for the **Summer session** is due by May 7, 2009. Tuition payment for the **September course** is due by August 14th. Payment must be made by wire transfer to the following account:

Beneficiary's bank name: Banco Santander Central Hispano

S.W.I.F.T: BSCHEMM IBAN: ES15

Beneficiary (name on account): Fundación Universidad-Sociedad de la Universidad Pablo de Olavide

Attention of: "LE verano '09" or "LE septiembre '09" (depending on the course)

Beneficiary's account - Entity: 0049 Office: 5048 DC: 59 Account number: 2816143988

Please check the appropriate box below:

I enclose a copy of the proof of transfer of _____ euros for the:

- Summer session 1, 2009
- Summer Session 2, 2009
- September Course

sent to Pablo de Olavide University on _____ (date).

Cancellation Policy

Your payment is refundable, minus a 50 euro administrative charge, if requested in writing at least 15 days prior to the start of the session.

Any request made 7-14 days prior to the start of the semester will be entitled to a 50% refund.

Any request made less than 7 days prior to the start of the semester will not be entitled to a refund. No refunds will be given once the session has started.

I have read and understand the payment terms and refund procedures.

Signature

Date