

Name and Address of Consulate

Date

To whom it may concern:

This letter serves to verify that **Name of Student** is registered for the **Name of University/Provider** in Madrid study abroad program for the **Summer/Spring/Fall 20XX** Semester, which runs from **Month, Day** through **Month, Day, Year**.

This student will be supported in Spain by funds paid to **Name of University/Provider** prior to departure from the United States. These funds represent an expenditure of a minimum of \$1000 per student per month by **Name of University/Provider** to cover accommodations and meals in full for the duration of the student's program.

Name of University/Provider provides worldwide insurance coverage to all students enrolled in its Madrid program. This coverage is provided by **Name of Insurance Company**, and the benefits under this plan cover 100% of medical expenses up to \$100,000, plus additional coverage of up to \$1,000,000 for medical evacuations and up to up to \$250,000 for repatriation expenses, for the duration of the program. The **Name of Insurance Company** policy number is **XXX-XXXX-X-XX**.

The student will be housed in accommodations provided by the program and will be attending classes a minimum of 20 hours per week. The credits earned during this academic program of study in Madrid are applicable towards the student's Bachelor's degree from **Name of Transcribing University**.

The official address of the **Name of University/Provider** program in Madrid is:

Name of University/Provider/Program
Street Address
28010 Madrid, Spain
Telephone: XXX-XXX-XXX
Fax: XXX-XXX-XXX

The resident director of the program is **Name of Director**; she can be reached at the above address and phone number or via email at **Email Address**.

On behalf of **Name of University/Provider's** students who will be applying for Spanish visas, thank you for your assistance. Please do not hesitate to contact me at (XXX) XXX-XXXX if I can be of any further assistance.

Sincerely,

Name
Title