

APPLICATION FORM

- International Student -

ACADEMIC YEAR ____ / ____

Phase: 1st Phase 2nd Phase 3rd Phase Other _____

APPLICANT IDENTIFICATION

FULL NAME:

SON/DAUGHTER OF:

AND

DATE OF BIRTH: ____/____/____

BORN IN:

COUNTRY:

MARITAL STATUS:

TYPE OF ID

NO.

EXPIRATION DATE: ____/____/____

ADDRESS

LOCALITY

ZIP CODE

COUNTRY

MOBILE PHONE

TELEPHONE

E-MAIL

APPLICATION

If you intend to apply for more than one Undergraduate Course, please indicate them in descending order of preference.

Business Management

Tourism

ENTRANCE EXAM

Entrance Exam	Achieved Grade

Form.10 Versão 21-01-2021 ESTUDANTE INTERNACIONAL Boletim de candidatura

DOCUMENTATION



- Simple photocopy of the passport or the foreign ID, legally issued and valid;
- Sworn statement declaring that the candidate does not have Portuguese nationality;
- Document (s) proving the condition of access, indicating the respective grade and scale;
- Document (s) proving the specific academic qualification;
- If required, the certificate provided in the regulation.
- Other Documents _____

Funchal: ____/____/_____

Signature: _____

Note: Any amount paid is not refundable.

RESERVED FOR THE SERVICES

AMOUNT	RECEIPT NO.	DATE

Employee's Signature: _____

DECLARATION

– Special Application for International Students –

Non-community Applicants

For the sole purpose of applying for a Higher Education degree, I, _____ (full name), holder of _____ (type of identification document), no. _____, and valid until ____/____/____, with _____ nationality, declare for the purposes of the provisions of Decree-Law no. 36/2014, 10-03 and under oath, that I do not hold Portuguese nationality, nor am I a national of a European Union Member State, nor have I legally resided in Portugal for more than two years, uninterruptedly, on August 31st of the year in which I intend to enter Higher Education.

EUROPEAN UNION MEMBER STATES

Germany	Slovakia	Hungary	The Netherlands
Austria	Slovenia	Ireland	Poland
Belgium	Spain	Italy	Portugal
Bulgaria	Estonia	Latvia	Czech Republic
Cyprus	Finland	Lithuania	Romania
Croatia	France	Sweden	Luxembourg
Denmark	Greece	Malta	

_____ of _____ of _____

(Applicant's signature)

PERSONAL DATA PROCESSING

MADEIRA

The data collected in this form will be processed and stored by a computer and/or paper support. The information provided will be processed confidentially and used exclusively for the purpose of enrollment in ISAL courses.

1. Person responsible for processing your personal data

ISAL – Higher Institute of Administration and Languages is responsible for the processing of your personal data. If you need to contact ISAL, you may do so through the following means:

Telephone contact: +351 291705705

E-mail: isal@isal.pt

2. Entity to whom your personal data are provided

Your personal data are only provided to entities which ISAL has subcontracted to provide services necessary to the provision of information, to manage digital platforms or other services or support. Data may be transferred to external entities to comply with legal obligations.

3. Purposes and reasons for processing

ISAL processes your personal data for the purpose of enrollment in its courses.

4. Storage time limits

The period during which data are maintained and stored varies according to the purpose for which the information is used and for the necessary period, under the legal requirements, namely the time limits of the archival preservation.

5. Your rights as a holder of personal data

As a holder of personal data, you may exercise the following rights at any time: right of access, right to rectification, right to erasure, right to restriction of processing, right to portability and right to object to the processing.

6. Complaint to the supervisory authority

If you need, you may also lodge a complaint to the National Data Protection Commission (NDPC).

7. Contractual requirement

The communication of personal data is a contractual requirement to allow the purpose for which the processing is intended. Failure to collect the requested data is a deterrent to ISAL's courses.

I declare that I have read and accept the conditions of confidentiality and personal data processing, and grant my authorization to use them for the purposes indicated, as well as those obtained ***throughout the pathway in the institution, for dissemination of the training offer, pedagogical matters and newsletters.***

YES

SIGNATURE: _____ DATE: ____ / ____ / _____