Consulate General of Italy
Boston

Application for National Visa (D)
This application form is free

1. Surname(s) (family name(s)) (x)
   Your Last Name

2. Surname(s) at birth (former family name(s)) (x)
   Your Last Name at Birth

3. First names (given names) (x)
   First + Middle Names

4. Date of birth (day-month-year)
   DD/MM/YYYY

5. Place of birth/City, State

6. Country of birth/Country

7. Current nationality
   Your current citizenship
   Nationality at birth, if different:

8. Sex/...........................
   □ Male
   □ Female
   ← must choose one

9. Marital status/...........................
   □ Single
   □ Married
   □ Separated
   □ Widower
   □ Divorced
   □ Other (please specify)...

10. In the case of minors: Surname, first name, address (if different from applicant’s) and nationality of parental authority/legal guardian:...........................

   LEAVE BLANK (unless you are under 18 years old)

11. National Identity number, where applicable

12. Type of travel document/........................................
   □ Ordinary passport
   □ Service passport
   □ Special passport
   □ Other travel document (please specify)
   (most people will have an “ordinary” passport)

   13. Number of travel document/Passport Number DD/MM/YYYY
   14. Date of issue DD/MM/YYYY
   15. Valid until DD/MM/YYYY
   16. Issued by US Department of State

17. Applicant’s home address and e-mail address
   Everyone should use their current USA address
   Telephone number(s) Your US mobile number

18. Residence in a country other than the country of current nationality/...
   No
   Yes. Residence permit or equivalent/ No...
   Valid until...

19. Current occupation/...........................
   Student

20. Employer and employer’s address and telephone number. For students, name and address of educational establishment. Boston University, 6 Silber Way, Boston, MA 02215

21. Main Purpose(s) of the journey/Everyone must choose “study”
   □ Family reunion/Visiting Family
   □ Religious
   □ Medical treatment
   □ Self employment
   □ Other (please specify)

   □ Sports
   □ Business
   □ Adoption
   □ Employment

□ Diplomatic
□ Official passport
□ Suspended File
□ Issued
□ Other
You must put the city within the Schengen Zone, you enter first, even if it is for a lawyer or connecting flight!

You have booked travel before or ask the program, ADP that time to the duration above for your program!

Complete these sections exactly as shown here!

Use your program dates unless you are arriving early, or departing late, and already have your travel booked!
34. Personal data of the family member who is an EU, SEE or CH citizen /

Surname / First name(s) /

Date of birth / Nationality / Number of travel document or ID card

35. Family relationship with an EU, SEE or CH citizen /

☐ spouse/ ☐ child/ ☐ other direct descendant/ ☐ dependent ascendant/

36. Place and date /

37. Signature (for minors, signature of parental authority/legal guardian)/

I am aware that the visa fee is not refunded if the visa is refused.

SIGN HERE IN PEN!

I am aware of and consent to the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints. I understand these are mandatory for the examination of the visa application. Any personal data concerning me which appear on the visa application form, as well as my fingerprints and photograph, will be supplied to the relevant Italian authorities and processed by those authorities, for the purposes of a decision on my visa application.

Such data, as well as data concerning the decision taken on my application or a decision whether to annul, revoke or extend a visa issued will be entered, and stored in the Information System of this Consulate General, for the purpose of facilitating the inspection of visas at external borders and verifying whether the conditions for the issuance of a visa are still fulfilled. Such data will be accessible to the competent Italian visa authorities. It will be accessible to the competent authorities within the Member States, immigration and asylum authorities shall be entitled to check on visas at external borders and verify whether the conditions for the issuance of a visa are still fulfilled.

The data will be accessible to authorities designated by the Member States for the prevention of terrorist offenses and other serious criminal offenses.

I am aware that I have the right to obtain the data transmitted relating to me which are inaccurate be corrected and that data or information relating to me which are incorrect or outdated be deleted. At my express request, the national controlling Authority is the Guarantor of protection against their illegal and unlawful collection, retention, use or processing.

I declare that to the best of my knowledge all information supplied to my application being rejected or to the annulment of a visa also to the prosecution under the law of the

Representative country under State legislation (articolo 331 c.p.p.)

The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 5, paragraph 1 of Regulation (EU) No. 562/2006 (Schengen Borders Code) and of Article 4 of D.lgs. 286/98 and I am therefore refused entry.

SIGN HERE IN PEN!

ANNOTATIONS (Office use only)

All signatures must be original, in pen. NO typed, electronic or photocopied signatures allowed!
<table>
<thead>
<tr>
<th>Place and date / .................</th>
<th>Signatures (for minors, signature of parental authority/legal guardian)</th>
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<tbody>
<tr>
<td>Boston, MA  DD/MM/YYYY</td>
<td>SIGN HERE IN PEN!</td>
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