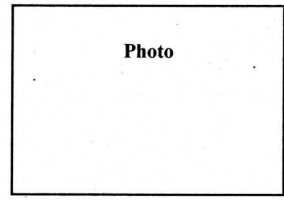


Consulate General of Italy  
Boston



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

1. Surname (s) (family name(s)) (x) DOE			FOR EMBASSY /CONSULATE USE ONLY
2. Surname(s) at birth (former family name(s)) (x) DOE			
3. First names (given names) (x) JANE			
4. Date of birth (day-month-year) 1991-10-19	5. Place of birth/ CAMBRIDGE, MA	7. Current nationality AMERICAN	Date of application:
	6. Country of birth/ USA	Nationality at birth, if different:	Visa application number:
8. Sex/ <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	9. Marital status/ <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er <input type="checkbox"/> Other (please specify)/		Application lodged at: <input type="checkbox"/> Embassy/Consulate <input type="checkbox"/> City hall CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial Intermediary <input type="checkbox"/> Other
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian/			Name:
11. National Identity number, where applicable/			File handled by:
12. Type of travel document/ <input checked="" type="checkbox"/> Ordinary passport <input type="checkbox"/> Service passport <input type="checkbox"/> Special passport. <input type="checkbox"/> Other travel document (please specify)			Name of person who received file at window:
			Supporting documents: <input type="checkbox"/> Travel document <input type="checkbox"/> Means of substance <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> Travel Health insurance <input type="checkbox"/> Other
13. Number of travel document/ 7211654089	14. Date of issue/ MARCH 28, 2010	15. Valid until/ MARCH 27, 2019	16. Issued by/ U.S. DEPARTMENT OF STATE
17. Applicant's home address and e-mail address (YOUR HOME & EMAIL ADDRESS)		Telephone number (s)/ (# WHERE YOU CAN BE REACHED)	
18. Residence in a country other than the country of current nationality/ <input type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent/ No..... Valid until/			Visa decision: <input type="checkbox"/> Refused <input type="checkbox"/> Refused for SIS non cancellable. <input type="checkbox"/> Suspended File <input type="checkbox"/> Issued
19. Current occupation/ STUDENT			Type of visa: <input type="checkbox"/> D
20. Employer and employer's address and telephone number. For students, name and address of educational establishment. BOSTON UNIVERSITY INTERNATIONAL PROGRAMS 888 COMMONWEALTH AVENUE, BOSTON, MA 02215			<input type="checkbox"/> Valid: from ..... until.....
21. Main Purpose(s) of the journey/ <input type="checkbox"/> Family reunion/Visiting Family <input type="checkbox"/> Religious <input type="checkbox"/> Medical treatment <input type="checkbox"/> Self employment <input type="checkbox"/> Sports <input checked="" type="checkbox"/> Study <input type="checkbox"/> Other (please specify)			Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple

(x) In fields from 1 to 3 information must be inserted as it appears on travel documents.

\*All students (Even if not a BU student) fill in this above info.

OR WHATEVER CITY IN ITALY YOU ARE ENTERING

22. City of destination PADOVA	23. State of first entry ROME
24. Number of entries requested/ ..... <input type="checkbox"/> One/..... <input type="checkbox"/> Two/..... <input checked="" type="checkbox"/> Multiple/.....	25. Duration of the stay. Indicate number of days (max. 365 days) / EVERYONE SHOULD FILL IN: 111 AS THIS IS THE NUMBER OF DAYS OF THE PROGRAM
26. Schengen visas issued during the past three years / ..... <input type="checkbox"/> No/..... <input type="checkbox"/> Yes. Date(s) of validity / ..... from/..... to /..... 27. Fingerprints taken previously for the purpose of applying for a Schengen visa <input type="checkbox"/> No/..... <input type="checkbox"/> Yes/..... Date, if known/.....	
28. Number of no objection document issued for family reunification/accompanying family/employment (only in case where required by legislation governing the type of being requested) / ..... Issued by SUI of / ..... Valid from/..... until/.....	
29. Intended date of arrival in the Schengen area (INTO ITALY)	30. Intended date of departure from the Schengen area (only for visas valid for stays of between 91-364 days) (FROM ITALY - DATE LISTED ON ITINERARY)
31. Surname and first name of the inviting person or employer. If not applicable, in case of visa for Adoption, Religious reasons, Medical reasons, Sports, Study, Mission: address of institution in Italy. BOSTON UNIVERSITY PADOVA PROGRAM CENTER FOR ITALIAN AND EUROPEAN STUDIES	
Address and e-mail address of inviting person(s) or employer CONVENTO@BU.EDU GALLERIA SANTA LUCIA, 1 35139, PADOVA	Telephone and fax of inviting person(s) or employer..... 39-049-650-303 39-049-654-55
32. Name and address of inviting company/organisation /.....	Telephone and fax of company/organisation /.....
Surname and first name, address, telephone, fax and e-mail address of contact person in company/organisation /.....	
33. Cost of travelling and living expenses is covered by /.....	
<input checked="" type="checkbox"/> by the applicant himself/herself/ ..... Means of support/..... <input checked="" type="checkbox"/> Cash/..... <input type="checkbox"/> Traveller's cheques/..... <input checked="" type="checkbox"/> Credit card/..... <input type="checkbox"/> Prepaid accommodation/..... <input type="checkbox"/> Prepaid transport/..... <input type="checkbox"/> Other (please specify)/..... STATEMENT NOT NECESSARY FOR FOLLOWING VISAS: Family reunion, Accompanying Family, Employment/Self-employed, Business, Diplomatic, Adoption.	<input type="checkbox"/> by sponsor (host, company, organisation), specify/..... Referred to in field 31 or 32 / ..... <input type="checkbox"/> other (please specify)/..... Means of support/..... <input type="checkbox"/> Cash/..... <input type="checkbox"/> Accommodation provided..... <input type="checkbox"/> All expenses covered during the stay/..... <input type="checkbox"/> Prepaid transport/..... <input type="checkbox"/> Other (please specify) / .....(.....):.....

\*YOUR VISA WILL BE ISSUED FOR LONGER THAN THIS

