Visa Details

What type of visa are you applying for?

Single Journey Type: What is the reason for travel? Study

Purpose of Travel

Passport Type: National Passport

Passport/Travel Document Number: YOUR PASSPORT NUMBER HERE

From: Dublin Internship: 19/01/2016 - 30/04/2016 Proposed dates you wish to enter and leave Ireland:

Dublin Management: 18/01/2016 - 11/06/2016

Personal Details

Surname: YOUR LAST NAME Forename: YOUR FIRST NAME

Other Name:

YOUR BIRTHDAY IN DD/MM/YYY Date Of Birth:

FORMAT

Gender: YOUR GENDER

COUNTRY IN WHICH YOU HOLD **Nationality**

CITIZENSHIP

Long Stay (D)

United States of America -**Current Location:**

Massachusetts

Current Address:

Please enter your current address in Address Line 1

Boston

Yes

No

Nο

Address Line 2:

Address Line 3: Address Line 4:

Contact Phone: YOUR PHONE NUMBER IN THE USA

Contact Email: YOUR BU EMAIL ADDRESS

General Information

No Of Years: XX No Of Months: XX use Length of residence: how long you've been attending BU

Do you have permission to return to that country after your

stay in Ireland?

Have you applied for an Irish Visa before? Nο Have you ever been issued an Irish Visa? No

Please provide location of application or reference number:

Have you ever been refused an Irish Visa?

Please provide location of application or reference number:

Have you ever been in Ireland before?

Do you have family members living in Ireland? No

Have you ever been refused permission to enter Ireland Nο before?

Have you ever been notified of a deportation order to leave

Ireland?

Have you ever been refused a visa to another country? Have you ever been refused entry to, deported from, or

otherwise required to leave another country? If yes to any of the above please give details

No

No

No

Have you any criminal convictions in any country? No

Passport Details

Passport/Travel Document Number: YOUR PASSPORT NUMBER

Type of Travel Document: National Passport

ISSUING AUTHORITY FOR YOUR Issuing Authority/Type:

COUNTRY

ISSUE DATE IN DD/MM/YYYY Date of Issue: Date of Expiry: EXPIRE DATE IN DD/MM/YYYY

You'll have to answer this as it applied to Is this your first Passport?

you

No

Employment/College Details

Are you currently employed in your country of residence? No Are you currently a student in your country of residence? Yes

Name of school or college: **Boston University** Address Line 1: 25 Buick Street Address Line 2: Boston, MA Address Line 3: 02215

Address Line 4:

School/College Phone: 617-353-9888 School/College Email: abroad@bu.edu

Are you travelling with others

Will you be travelling with any other person? No

Contact / Host in Ireland

Contact details for Contact / Host in Ireland.

If you have no personal contact/host please give accommodation name and address.

Address Line 1: **BU Study Abroad Dublin** Address Line 2: **Dublin City University (DCU)** Address Line 3: PG09-PG 11 The Pavilion Address Line 4: Glasnevin, Dublin 9

+353 1 700 8500 Contact Phone:

Is the contact/host in Ireland personally known to you (e.g:

family / Friends)

"Surname/Family Name(as in passport): McCloskey Forename: Mary Country of Citizenship: Ireland

Director, BUSA Dublin Occupation: Student, BUSA Dublin Relationship To Applicant

Department of Justice Reference number(for non-EEA

nationals):

Your Family

Personal Status: Single

Spouses/Partners details:

Surname / Family Name(as in passport):

Forenames(as in passport):

Other Name(s)(Maiden or name at birth):

Date of Birth: Passport Number:

Gender: In what country does your spouse/partner currently live? Is your spouse/partner travelling with you? If yes, on applicant's passport? Children Details How many dependant children do you have? Please provide the details of any dependant children. Child 1 Surname: Forename: Date Of Birth: Gender: Nationality: Is this child travelling with you? If yes, on applicant's passport? Child 2 Surname: Forename: Date Of Birth: Gender: Nationality: Is this child travelling with you? If yes, on applicant's passport? Child 3 Surname: Forename: Date Of Birth: Gender: Nationality: Is this child travelling with you? If yes, on applicant's passport? Child 4 Surname: Forename:" Date Of Birth: Gender: Nationality: Is this child travelling with you? If yes, on applicant's passport? Child 5 Surname: Forename: Date Of Birth: Gender: Nationality: Is this child travelling with you? If yes, on applicant's passport?

Child 6 Surname: 0

Forename:
Date Of Birth:
Gender:
Nationality:

Is this child travelling with you? If yes, on applicant's passport?

Employment in Ireland

Work Permit/Green Card number:
Name of company:

Not Needed
EUSA Dublin

Address Line 1: The Capel Building, Suite 335

Address Line 2: Marys Abbey Address Line 3: Dublin 7

Address Line 4:

Contact name in company

Surname: Gaffey Forename: Janice

Employer's Phone: +353 1 894 3184

Employer's Email: dublin@eusainternships.org

Agency Details

Did you receive any assistance in completing this form from an agent/agency?