

Venice Summer Sample Visa Application

Application for Schengen Visa



Staple one passport style 2"x2" photo here. Don't staple over your face!

This application form is free

1. Surname (Family name) (x) Your Last Name			
2. Surname at birth (Former family name(s)) (x) Your Last Name at birth			
3. First name(s) (Given name(s)) (x) Your First and Middle Names			
4. Date of birth (day-month-year) dd/mm/yyyy format	5. Place of birth City	7. Current nationality legal citizenship	
6. Country of birth Country		Nationality at birth, if different:	
8. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female must choose one		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)	
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian N/A			
11. National identity number, where applicable This number will vary by citizenship ... do your best!			
12. Type of travel document <input checked="" type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport <input type="checkbox"/> Other travel document (please specify)			
13. Number of travel document passport #	14. Date of issue	15. Valid until Expiration date	16. Issued by use what it says in your passport
17. Applicant's home address and e-mail address Use your permanent address		Telephone number(s) Your mobile #	
18. Residence in a country other than the country of current nationality <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent			
* 19. Current occupation Full Time Student		No. Valid until	
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment. Boston University 1 Silber Way, Boston, MA 02215			
21. Main purpose(s) of the journey: <input type="checkbox"/> Tourism..... <input type="checkbox"/> Business..... <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input checked="" type="checkbox"/> Medical reasons <input checked="" type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify)			
22. Member State(s) of destination Italy		23. Member State of first entry	
24. Number of entries requested <input type="checkbox"/> Single entry.... <input type="checkbox"/> Two entries ... <input checked="" type="checkbox"/> Multiple entries		25. Duration of the intended stay or transit Indicate number of days	

This section should match your passport info!

Almost all will be using an ordinary passport

Only permanent residents should say "yes"

Date of application:
Visa application number:
Application lodged at
 Embassy/consulate
 CAC
 Service provider
 Commercial intermediary
 Border
Name:
 Other
File handled by:
Supporting documents:
 Travel document
 Means of subsistence
 Invitation
 Means of transport
 TMI
 Other:
Visa decision:
 Refused
 Issued
 A
 C
 LTV

Use this address even if you attend a different university!

#23: Enter the country in the Schengen Zone you will enter first - even for a layover.
#25: The IES program is 43 days; Med Diet is 28 days. Add on to this amount if you are going to travel before/after and already have it booked. Max of 90 days.

* The fields marked with * shall not be filled in by family members of EU, EEA or CH citizens (spouse exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents in fields no 34 and 35.
(x) Fields 1-3 shall be filled in in accordance with the data in the travel document.

26. Schengen visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from _____ to _____ Only say "yes" if you have been issued a Schengen visa before, even for tourism.		
27. Fingerprints collected previously for the purpose of applying for a Schengen visa <input type="checkbox"/> No <input type="checkbox"/> Yes. Date, if known _____ Same as above		
28. Entry permit for the final country of destination, where applicable Issued by _____ Valid from _____ until _____ LEAVE SECTION BLANK		
29. Intended date of arrival in the Schengen area Use program start date unless you are traveling beforehand	30. Intended date of departure from the Schengen area Program end date unless you are traveling afterward	
* 31. Surname and first name of the inviting person(s) in the Member State(s). If not applicable, name of hotel(s) or temporary accommodation(s) in the Member State(s) Boston University Study Abroad		
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s) via Dimesse 5 35122 Padova, Italy convento@bu.edu		
*32. Name and address of inviting company/organisation See Above		Telephone and telefax of company/ organisation T: +39 049 650 303 F: +39 049 654 555
Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation Elisabetta Convento, BU Study Abroad convento@bu.edu via Dimesse 5 +39 049 650 303 35122 Padova, Italy		
*33. Cost of travelling and living during the applicant's stay is covered LEAVE BLANK		
<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 checked="" type="checkbox"/> Pre-paid accommodation <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify)		 <input type="checkbox"/> by a sponsor (host, company, organisation), please specify <input type="checkbox"/> 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"/> Pre-paid transport <input type="checkbox"/> Other (please specify) LEAVE BLANK
 34. Personal data of the family member who is an EU, EEA or CH citizen LEAVE BLANK 		
Surname		First name(s)
Date of birth	Nationality	Number of travel document or ID card

Complete this section EXACTLY as it is shown here!

Don't write anything where it says to "leave blank"

<p>35. Family relationship with an EU, EEA or CH citizen <input type="checkbox"/> spouse<input type="checkbox"/> child<input type="checkbox"/> grandchild<input type="checkbox"/> dependent ascendant</p> <p style="text-align: center;">LEAVE BLANK</p>	
<p>36. Place and date</p> <p style="text-align: center;">Boston dd/mm/yyyy</p>	<p>37. Signature (for minors, signature of parental authority/legal guardian)</p> <p style="text-align: center;"><i>Random Person</i></p>

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

Random Person

Applicable in case a multiple-entry visa is applied for (cf. field no 24):
I am aware of the need to have an adequate travel medical insurance for my first stay and any subsequent visits to the territory of Member States.

Random Person

INFORMATION ON THE PROCESSING OF PERSONAL DATA

The collection of the data required by this application form, the taking of your photograph and, if applicable, the taking of your fingerprints, are mandatory for the examination of the visa application; and any personal data concerning you which appear on the visa application form, as well as your fingerprints and your photograph will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on your visa application.

Such data as well as data concerning the decision will be entered into, and stored, in the Visa Information System (VIS) accessible to the visa authorities and the authorities of the Member States, immigration and asylum authorities in the Member States, into, stay and residence on the territory of the Member States, conditions, of examining an asylum application at the Member State, will be also available to designated authorities of the Member States, Europol for the purpose of the prevention, detection and investigation of terrorism, the Ministry of Foreign Affairs and International Cooperation, the Italian authority responsible (controller) for processing personal data (the Italian authority responsible for processing personal data) whether to annul, revoke or extend a visa issued for a maximum period of five years, during which it will be valid for entry at external borders and within the Member States, and to check whether the conditions for the legal entry of third-country nationals who do not or who no longer fulfil these conditions are met. Examination. Under certain conditions the data concerning you (of Interior and the Police authority) and to the Member States, and of other serious criminal offences. The Italian authority responsible (controller) for processing personal data (the Italian authority responsible for processing personal data) is the Italian authority responsible (controller) for processing personal data (the Italian authority responsible for processing personal data) in Rome, www.esteri.it, dgigit6@esteri.it) is the Italian authority responsible (controller) for processing personal data (the Italian authority responsible for processing personal data) in Rome, www.esteri.it, dgigit6@esteri.it)

You have the right to obtain in any of the Member States the Member State which transmitted the data, and to request the Member State to correct or delete the data relating to you processed unlawfully be deleted. If the data are corrected or deleted, as well as on legal remedies available to you, see <http://vistoperitalia.esteri.it>.

Further information will be provided upon request by the authority examining your application. The Italian national supervisory competent authority on the protection of personal data is the Italian Authority for Data Protection (Piazza di Montecitorio 121, 00186 Roma, www.garanteprivacy.it; tel.: +3906 696771).

You must sign this page
 4 times!!
 All must be your original
 signature in blue or black
 pen. NO PENCIL!
 Please DO NOT forget to
 sign!

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements involve my application being rejected or to the annulment of a visa already granted and may result in prosecution under the law of the Member State that process the application.

I undertake to leave the territory of the Member States before the expiry of the visa, if granted. I am aware that possession of a visa is only one of the prerequisites for entry into the European territory of the Member States. The mere granting of a visa does not entitle me to compensation if I fail to fulfil the conditions of Article 5, paragraph 1, of the Council Regulation n. 562/2006 (Schengen Borders Code) and I am thus refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States.

<p>Place and date</p> <p style="text-align: center;">Boston dd/mm/yyyy</p>	<p>Signature (for minors, signature of parental authority/legal guardian):</p> <p style="text-align: center;"><i>Random Person</i></p>
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