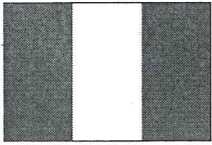


Arezzo Sample Visa Form

Paper clip photo here
↓



Consulate General of Italy
Boston

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

Photo
see hub page for
photo requirements

1. Surname (s) (family name(s)) (x) Last Name		FOR EMBASSY /CONSULATE USE ONLY Date of application: Visa application number: 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 Name: File handled by: 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	
2. Surname(s) at birth (former family name(s)) (x) Last name at birth (if different)			
3. First names (given names) (x) First and Middle Names			
4. Date of birth (day-month-year) 00/mm/yyyy	5. Place of birth/ city, state	7. Current nationality your current citizenship Nationality at birth, if different:	
6. Country of birth/ Country			
8. Sex/ <input type="checkbox"/> Male <input 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"/> Widower <input type="checkbox"/> Other (please specify)/.....(.....) choose what applies to you		
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 under 18			
11. National Identity number, where applicable/ social security # for US			
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) <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Official passport			
13. Number of travel document/ Passport #	14. Date of issue/ 00/mm/yyyy	15. Valid until/ 00/mm/yyyy	16. Issued by/ US Department of State
17. Applicant's home address and e-mail address current US address		Telephone number (s)/ use your cell phone #	
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/.....			
19. Current occupation/ Student			
20. Employer and employer's address and telephone number. For students, name and address of educational establishment. Boston University 1518 Bay St Boston, MA 02215 617-353-2600			
21. Main Purpose(s) of the journey/ everyone should select study <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) <input type="checkbox"/> Business <input type="checkbox"/> Adoption <input type="checkbox"/> Diplomatic <input type="checkbox"/> Employment			
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.

Intl students
back yr + +
1st F.I Visa
or green
card #

For US citizens
Intl students
should list what
is in your
passport

22. City of destination Arezzo, Italy		23. State of first entry Paris, France	
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) / 100 days → (If you are traveling after the program you should add days to the duration listed)	
26. Schengen visas issued during the past three years / <input checked="" type="checkbox"/> No / ... complete only if you received a Schengen visa in last 3 years <input type="checkbox"/> Yes. Date(s) of validity / from to			
27. Fingerprints taken previously for the purpose of applying for a Schengen visa <input checked="" 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 / Leave Blank Valid from / until /			
29. Intended date of arrival in the Schengen area Program Start Date (see hub page calendar)		30. Intended date of departure from the Schengen area (only for visas valid for stays of between 91-364 days) Program End Date	
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. Accademia dell'Arte Monica Capacci			
Address and e-mail address of inviting person(s) or employer Accademia dell'Arte Via San Fabiano 9 5200 Arezzo, Italy		Telephone and fax of inviting person(s) or employer +39 0575 294155	
32. Name and address of inviting company/organisation / see above		Telephone and fax of company/organisation see above	
Surname and first name, address, telephone, fax and e-mail address of contact person in company/organisation / Monica Capacci monica.capacci@dellarte.it			
33. Cost of travelling and living expenses is covered by / 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 type="checkbox"/> Prepaid accommodation / <input type="checkbox"/> Prepaid transport / <input type="checkbox"/> Other (please specify) /		<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) / (.....):	
STATEMENT NOT NECESSARY FOR FOLLOWING VISAS: Family reunion, Accompanying Family, Employment/Self-employed, Business, Diplomatic, Adoption.			

List City, Country that you first enter within the Schengen Zone even if it is for a layover or connecting flight (Paris for recommended flight)

