Venice Summer Sample Visa Application РНОТО 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) Date of application: This Your Last Name at birth Visa application number: section should 3. First name(s) (Given name(s)) (x) match Application lodged at Your First and Middle Names □ Embassy/consulate your □ CAC 4. Date of birth (day-month-year) 5. Place of birth City passport 7.Current nationality □ Service provider info! legal citizenship dd/mm/yyyy format 6. Country of birth □ Commercial intermediary Nationality at birth, if different: □ Border 9. Marital status must choose one Name: □ Male Female √Single □ Married □ Separated □ Divorced □ Widow(er) Other (please specify) □ Other 10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of File handled by: parental authority/legal guardian N/A 11. National identity number, where applicable Supporting documents: This number will vary by citizenship ... do your best! □ Travel document **Almost** ☐ Means of subsistence all will be □ Invitation 12. Type of travel document Ordinary passport 🗆 Diplomatic passport 🗆 Service passport 🗆 Official passport 🗆 Special passport Means of transport using an □ Other travel document (please specify) □ TMI ordinary □ Other: passport / 16. Issued by 13. Number of travel document 14. Date of issue 15. Valid until use what it says in passport # Expiration date your passport Visa decision: 17. Applicant's home address and e-mail address Telephone number(s) □ Refused Use your permanent address □ Issued Your mobile # 18. Residence in a country other than the country of current nationality □ C □ LTV ☐ Yes. Residence permit or equivalent Valid until No. permanent * 19. Current occupation □ Valid: residents Full Time Student From should say 20. Employer and employer's address and telephone number. For students, name and "yes" address of educational establishment. Boston University Use this address even if you I Silber Way, Boston, MA 02215 attend a different 21. Main purpose(s) of the journey: university! □ Tourism......□ Business......□ Visiting family or friends□ Cultural□ Sports Official visit ☐ Medical reasons Study Transit - Airport transit Other (please specify) #23: Enter the country in 22. Member State(s) of destination 23. Member State of first entry the Schengen Zone you will Italy enter first - even for a 24. Number of entries requested 25. Duration of the intended stay or layover. □ Single entry....□ Two entries ... Multiple entries Indicate number of days #25: The program is 43 days, but add on to this * 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 docu amount if you are going to fill in fields no 34 and 35. travel before/after. Max of (x) Fields 1-3 shall be filled in in accordance with the data in the travel document. 90 days.

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26. Schengen visas issued during the past three	years Only say "yes" if y	ou have been	
□ No □ Yes. Date(s) of validity from			
for tourism.			
	ioi todrisiii.	7	
27.Fingerprints collected previously for the pur	pose of applying for a Schengen	visa	
□ No □ Yes.			
	Same as above		
Date, if known			
28. Entry permit for the final country of destina			
Issued by Valid fr	om until		
LEAVE	SECTION BLANK		
29. Intended date of arrival in the Schengen are	ea 30. Intended date of	departure from the Schengen	_
Use program start date		ogram end date	
unless you are traveling			
beforehand	uniess you ar	e traveling afterward	
* 31. Surname and first name of the inviting pe	rson(s) in the Member State(s). If	not applicable, name of	-
hotel(s) or temporary accommodation(s) in the	Member State(s)	**,	
Boston University Stud	dy Abroad		
Address and e-mail address of inviting person(s Dorsoduro 8655	s)/hotel(s)/temporary accommoda	tion(s)	
30123, Venice	Zago@bu.edu		
	2480@54.044		
Italy *32. Name and address of inviting company/org	ganication	Telephone and telefax	
52. Maine and address of inviding company/org	gamsauvii	of company/ organisation	
C Al		+39 041 296 0599	
See Above		. 37 011 270 0377	
Surname, first name, address, telephone, telefa:	x, and e-mail address of contact r	person	
in company/organisation	•		
Elena Zago, BU Study Abroad	Zago@b	u.edu	
Dorsoduro 8655	20.044	201.2722	
30123, Venice, Italy	+39 041	296 0599	
•			
*33. Cost of travelling and living during the app	plicant's stay is covered LEAV	E BLANK	
by the applicant himself/herself	by a sponsor (host, comp	any, organisation),	
	please specify □ referred to in field 3	31 or 32	
Means of support	other (please specify	y) (1 52 y)	
Cash		LEAVE BLANK	
□ Traveller's cheques	Means of support	LET (VE BE) (IVI)	
Credit card Pre-paid accommodation	□ Cash □ Accommodation provide	d	
□ Pre-paid transport	☐ All expenses covered dur		
□ Other (please specify)	□ Pre-paid transport		
	Other (please specify)		
34. Personal data of the family member who is	an EU, EEA or CH citizen		
, <u>.</u>	E DI ANIIZ		
LEAVI	E BLANK		
Surname		First name(s)	
		1 11 5t manit(5)	
Date of birth Nationality	NH	mber of travel document	
, mind		ID card	

Complete this section EXACTLY as it is shown here!

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

35. Family relationship with an EU, EEA or CH citizen □ spouse□ child□ grandchild□ dependent ascendant			
LEAVE BLANK			
36. Place and date		37. Signature (for minors, signature of parental authority/legal guardian)	
Boston	dd/mm/yyyy	Random Person	

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 Infori accessible to the visa authorities and the authorit 4 times!! States, immigration and asylum authorities in the into, stay and residence on the territory of the Me conditions, of examining an asylum application at will be also available to designated authorities of Europol for the purpose of the prevention, detect signature in blue or black Ministry of Foreign Affairs and International Co Italian authority responsible (controller) for proc

You have the right to obtain in any of the Membe Member State which transmitted the data, and to relating to you processed unlawfully be deleted. I corrected or deleted, as well as on legal remedies http://vistoperitalia.esteri.it.

You must sign this page

All must be your original pen. NO PENCIL!

Please DO NOT forget to sign!

ether to annul, revoke or extend a visa issued of five years, during which it will be as at external borders and within the Member ig whether the conditions for the legal entry sons who do not or who no longer fulfil these amination. Under certain conditions the data of Interior and the Police authority) and to nd of other serious criminal offences. The Roma, www.esteri.it, dgit6@esteri.it) is the

to you recorded in the VIS and of the are inaccurate be corrected, and that the data t to check your personal data and have them ncerned, see www.esteri.it and

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).

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.

Place and date		Signature
		(for minors, signature of parental authority/legal guardian):
Boston	dd/mm/yyyy	Random Person