

Irish Long-Stay (D) Visa Sample Form
BU Study Abroad Dublin Programs – Fall 2019

Please fill in your online Irish visa application according to the fields below.

Visa Details	
What type of visa are you applying for?	Long Stay (D) Visa
Journey Type	Single
What is the reason for travel?	Study
Purpose of Travel	Leave this section blank
Passport Type	National Passport
Passport Number	Enter Your Passport Number
Proposed dates you wish to enter and leave Ireland? (DD/MM/YYYY)	04/09/2019 – 14/12/2019

Personal Details	
Surname	Your Last Name
Forename	Your First Name
Date of Birth	Your Birthday in DD/MM/YYYY Format
Gender	Your Gender
Country of Birth	Country in Which You Were Born
Country of Nationality	Country In Which You Hold Citizenship
Current Location	United States of America - Massachusetts
Current Address	Please Enter Your Current Address in Massachusetts
Contact Phone	Your Phone Number in the USA
Contact Email	Your BU Email Address

General Information	
Length of Residence in Present Country	Use Length of Time at BU: Number of Years/Months
Do you have permission to return to that country after your stay in Ireland?	Yes
Have you applied for an Irish visa before?	Most will answer "No"
Have you ever been issued an Irish visa?	Most will answer "No"
Have you ever been refused an Irish visa?	Most will answer "No"
Have you ever been in Ireland before?	Most will answer "No"
Do you have family members living in Ireland?	Most will answer "No"
Have you ever been refused permission to enter Ireland before?	Most will answer "No"

Have you ever been notified of a deportation order to leave Ireland?	Most will answer "No"
Have you ever been refused a visa to another country?	Most will answer "No"
Have you ever been refused entry to, deported from, or otherwise required to leave another country?	Most will answer "No"
Have you any criminal convictions in any country?	No

Passport Details	
Passport/Travel Document Number	Passport Number Should Appear Here
Type of Travel Document	National Passport
Issuing Authority/Type	Issuing Authority for Your Country
Date of Issue	Issue Date in DD/MM/YYYY Format
Date of Expiry	Expiry Date in DD/MM/YYYY Format
Is this your first passport?	Please Answer As It Applies to You

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
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	
Address Line 1	BU Study Abroad Dublin
Address Line 2	Room D211, Dunboyne House
Address Line 3	Dublin City University - All Hallows Campus
Address Line 4	Grace Park Road, Drumcondra, Dublin 9
Contact Phone	35317008501

Is the contact/host in Ireland personally known to you (e.g. family/friends)?	No
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Your Family	
Personal Status	Single
How many dependent children do you have?	0

Academic/English Language Details	
Have you been accepted on a course of study in Ireland?	Yes
If yes, please state Name of College	Boston University Study Abroad Dublin
Course Title	Dublin Internship Program OR Dublin Engineering Program
Duration of course	04/09/2019 – 14/12/2019
Have you paid your course fees in full (1st Year)	Yes
How many hours of organized day time tuition will you attend at the institution each week?	15
Have you studied in Ireland before?	No
Do you speak English?	Yes
English Information	Enter the Details of Your Latest TOEFL or English Exam Used to Enter College
Education Information	Please Input your High School and College Details
Employment Information	Please Input Any Paid Employment Positions
Details of any other funds you wish to have considered	Self

Agency Details	
Did you receive any assistance in completing this form from an agent/agency?	No