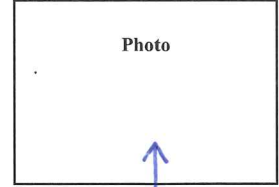


Consulate General of Italy
Boston

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



Paperclip photo above - see Pre-Departure page for photo requirements

Entire section should exactly match passport

1. Surname (s) (family name(s)) (x) YOUR LAST NAME		
2. Surname(s) at birth (former family name(s)) (x) YOUR LAST NAME AT BIRTH		
3. First names (given names) (x) FIRST + MIDDLE NAMES		
4. Date of birth (day-month-year) DD/MM/YYYY	5. Place of birth/..... CITY, STATE	7. Current nationality CITIZENSHIP
	6. Country of birth/..... COUNTRY	Nationality at birth, if different: (IF APPLICABLE)
8. Sex/..... <input type="checkbox"/> Male <input type="checkbox"/> Female MUST CHOOSE WHAT MATCHES PASSPORT	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)/..... 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		
11. National Identity number, where applicable/..... SOCIAL SECURITY # FOR US CITIZENS		
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 (MOST WILL HAVE ORDINARY PASSPORT)		
13. Number of travel document/..... PASSPORT #	14. Date of issue..... DD/MM/YYYY	15. Valid until..... DD/MM/YYYY
16. Issued by..... VS DEPARTMENT OF STATE		
17. Applicant's home address and e-mail address CURRENT US ADDRESS		Telephone number (s)/..... 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/..... 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, 1 SILVER WAY, BOSTON, MA 02215 617-353-2000		
21. Main Purpose(s) of the journey/..... <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 EVERYONE MUST CHOOSE "STUDY"		

Visa application number:
Application lodged at:
 Embassy/Consulate
 City hall CAC
 Service provider
 Commercial Intermediary
 Other
Name:
File handled by:
Name of person who received file at window:

Non-US citizens check 'yes' + put F-1 # or Green Card # and expiration date →

For US citizens only - Non US citizens should use issuing country written in passport

Suspended File
 Issued
Type of visa:
 D

All students must use this address, even if you don't attend BU. DO NOT USE DIFFERENT ADDRESS!

(x) In fields from 1 to 3 information must be inserted as it appears on travel documents.

22. City of destination VENICE, ITALY	23. State of first entry CITY, COUNTRY
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) /
26. Schengen visas issued during the past three years / <input checked="" type="checkbox"/> No/... ONLY "YES" IF THIS APPLIES TO YOU <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/..... SEE ABOVE	
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 /..... Valid from/..... LEAVE BLANK until/.....	
29. Intended date of arrival in the Schengen area PROGRAM START DATE	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. BOSTON UNIVERSITY STUDY ABROAD, VENICE	
Address and e-mail address of inviting person(s) or employer MAURAO@BU.EDU DORSODURO 3655 30123 VENICE, ITALY	Telephone and fax of inviting person(s) or employer..... TEL/FAX: +39-041-296-0599
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/ MAURA ORLANDINI, BU STUDY ABROAD MAURAO@BU.EDU DORSODURO 3655, VENICE, ITALY +39-041-296-0599	
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)/..... LEAVE BLANK 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.	

Write city + country of first Schengen entry. This may be a layover or connection

Venice Studio Arts
98 days
If you booked extra travel before or after, add that to # of days

Use program dates unless arriving early or departing late + travel is already booked.

Complete these sections exactly as shown here!

