



Consulate General of Italy
Boston

Photo

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

1. Surname (s) (family name(s)) (x) Your 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 <input type="checkbox"/> Means of transport <input type="checkbox"/> Travel Health insurance <input type="checkbox"/> Other Visa decision: <input type="checkbox"/> Refused <input type="checkbox"/> Refused for SIS non cancellable. <input type="checkbox"/> Suspended File <input type="checkbox"/> Issued Type of visa: <input type="checkbox"/> D <input type="checkbox"/> Valid: from until..... Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiplie	
2. Surname(s) at birth (former family name(s)) (x) Your Last Name at birth (if different from above)					
3. First names (given names) (x) Your First Name					
4. Date of birth (day-month-year) DD/MM/YYYY		5. City and State of Birth/..... City, State you were born in 6. Country of birth/..... Country you were born in		7. Current nationality Country that issued your passport Nationality at birth, if different: Citizenship at birth if different	
8. Sex/..... <input type="checkbox"/> Male Choose One, as indicated on your passport <input type="checkbox"/> Female		9. Marital status/..... <input type="checkbox"/> Single <input type="checkbox"/> Married Choose One <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/..... Leave Blank - unless under 18					
11. National Identity number, where applicable/..... US Citizens write SS#					
12. Type of travel document/..... <input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport Choose One: <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport. Most students have ordinary passports #16 (Below): International students should list what appears in their passport. <input type="checkbox"/> Other travel document (please specify)					
13. Number of travel document/..... Passport Number		14. Date of issue..... From your passport		15. Valid until..... Passport exp date	
				16. Issued by..... US Passports usually say US Department of State	
17. Applicant's home address and e-mail address Your permanent address and BU e-mail address.				Telephone number (s)/..... Your cell phone number	
18. Residence in a country other than the country of current nationality/..... <input type="checkbox"/> No US Citizens check 'No'. <input type="checkbox"/> Yes. Residence permit or equivalent/ No..... Valid until/..... International students check 'Yes' and provide their F-1 visa # or green card #.					
19. Current occupation/..... Student					
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; 1-617-353-2000					
21. Main Purpose(s) of the journey/..... Choose 'Study' <input type="checkbox"/> Family reunion/Visiting Family <input type="checkbox"/> Sports <input type="checkbox"/> Business <input type="checkbox"/> Diplomatic <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Study <input type="checkbox"/> Adoption <input type="checkbox"/> Employment <input type="checkbox"/> Medical treatment <input type="checkbox"/> Self employment <input type="checkbox"/> Other (please specify)					

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

22. City of destination Milan, Italy		23. State of first entry Write the first Schengen Zone city and country of arrival, even if it is only for a connecting flight/layover.
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) / Count the number of days from arrival to departure, using your flights.	
26. Schengen visas issued during the past three years /: <input type="checkbox"/> No/... Answer is usually no, but indicate dates, if you have had a Schengen visa in the past 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: No, unless yes to #26 <input 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 per admit letter	30. Intended date of departure from the Schengen area (only for visas valid for stays of between 91-364 days) Program end date per admit letter	
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. Bocconi University - International Student Desk Alessandra Mazzoleni		
Address and e-mail address of inviting person(s) or employer Bocconi University Piazza Sraffa, 11 20136, Milano, ITALY		Telephone and fax of inviting person(s) or employer..... +39 02 5836 2236 (t) +39 02 5836 2204 (f)
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/ Alessandra Mazzoleni inexchange@unibocconi.it use address, telephone and fax from #31 above		
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)/..... STATEMENT NOT NECESSARY FOR FOLLOWING VISAS: Family reunion, Accompanying Family, Employment/Self-employed, Business, Diplomatic, Adoption.		<input type="checkbox"/> by sponsor (host, company, organisation), specify/ Referred to in field 31 or 32 / Leave entire right-hand side blank <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)/(.....):.....

34. Personal data of the family member who is an EU, SEE or CH citizen / Leave #34 blank			
Surname /		First name(s) /	
Date of birth /	Nationality /	Number of travel document or ID card	
35. Family relationship with an EU, SEE or CH citizen/: <div style="text-align: center; margin-top: 5px;">Leave #35 blank</div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> spouse/..... <input type="checkbox"/> child//.. </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> other direct descendant/..... <input type="checkbox"/> dependent ascendant/..... </div>			
36. Place and date / <div style="text-align: center;">Boston, MA Today's date (DD/MM/YYYY)</div>		37. Signature (for minors, signature of parental authority/legal guardian)/ (.....) <div style="text-align: center;">Sign here with blue or black pen</div>	

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I am aware that the visa fee is not refunded if the visa is refused. <div style="text-align: center; margin-top: 5px;">Sign here with blue or black pen</div>

<p>I am aware of and consent to the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints. I understand these, are mandatory for the examination of the visa application. Any personal data concerning me which appear on the visa application form, as well as my fingerprints and my photograph, will be supplied to the relevant Italian authorities and processed by those authorities , for the purposes of a decision on my visa application.</p> <p>Such data, as well as data concerning the decision taken on my application or a decision whether to annul, revoke or extend a visa issued will be entered, and stored in the Information System of this Consulate General, and the Ministry of Foreign Affairs. Such data will be accessible to the competent Italian visa authorities. It will be accessible to the competent Schengen authorities in order to check on visas at external borders and within the Member States, immigration and asylum authorities in the Member States for the purposes of verifying whether the conditions for the legal entry into, stay and residence in the territory the Member States are fulfilled, of identifying persons who do not or who no longer fulfil these conditions, of examining an asylum application and of determining responsibility for such examination. Under certain conditions the data will also be accessible to authorities designated by the Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offenses and of other serious criminal offenses..</p> <p>I am aware that I have the right to obtain the data transmitted relating to me recorded in the information systems and to request that data relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request , the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to the national law.</p> <p>The national controlling Authority is the Guarantor of protection of personal data.</p> <p>I declare that to the best of my knowledge all information supplied by me are complete and correct. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of the Representative country under State legislation (articolo 331 c.p.p.).</p> <p>The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 5, paragraph 1 of Regulation (EU) No. 562/2006 (Schengen Borders Code) and of Article 4 of D.Lgs. 286/98 and I am therefore refused entry.</p> <div style="text-align: center; margin-top: 10px;">Sign in blue or black ink, and date DD/MM/YYYY</div>
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<div style="border-bottom: 1px solid black; margin-bottom: 5px;"><u>ANNOTATIONS</u> (Office use only)</div> <div style="height: 150px; border-top: 1px dotted black;"></div>
