Consulate General of Italy Boston	Note: Do not staple, glue, or tape your photo. Affix it to your application with a paperclip.
Application for National Visa (D) This application form is free	
1. Surname (s) (family name(s)) (x) Last Name (as it appears in your passport)	
	EOD EMDASSV
2. Surname(s) at birth (former family name(s)) (x) Leave blank unless applicable	FOR EMBASSY /CONSULATE USE ONLY
3. First names (given names) (x) First & Middle Name (as it appears in your passport)	Date of application:
4. Date of birth (day-month-year) 5. City and State of Birth/ 7. Current nationality	¥7:
City, State USA (or relevant nationality)	Visa application number:
Note: All dates should be in European format! e.g. 16-Nov-1998 6. Country of birth/ Nationality at birth, if different:	Application lodged at:
USA (or relevant country) Leave blank unless applicable	Embassy/Consulate
8. Sex/	City hall CAC Service provider
Male (as it appears in Single Married	Commercial Intermediary
Female your passport) Separated Divorced Select single or	Other
Widow/er	Name:
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 you are under 18 years old	File handled by:
Leave blank anders you are under 10 years out	X 6 1 1 1
11. National Identity number, where applicable Social Security Number (for U.S. citizens). Non-US citizens leave blank	Name of person who received file at window:
12. Type of travel document	
Select "Ordinary passport" Ordinary passport Diplomatic passport	
Service passport Official passport	Supporting documents:
Special passport.	☐ Travel document ☐ Means of substance
Other travel document (please specify) 13. Number of travel 14. Date of issue 15. Valid until 16. Issued by	☐Invitation ☐Means of transport
document/	Travel Health insurance
Passport Number *Day-Month-Year *Day-Month-Year OS Department of State	Other
17. Applicant's home address and e-mail address Telephone number (s)/	Visa decision:
Current U.S. address Mobile Number Email address (The Consulate will contact you by	☐Refused ☐Refused for SIS non
this number if there are any errors)	cancellable.
18. Residence in a country other than the country of current nationality/	Suspended File
Yes. Residence permit or equivalent/ Select "No" unless you are a non-US citizen. In this case, check "yes" & put your F1 visa or Green Card # & expiration date	
19. Current occupation/ Student	Type of visa:
20. Employer and employer's address and telephone number. For students, name and address of educational	□Valid:
establishment All students (including non-BU students): Boston University, 1 Silber Way, Boston, MA 02215 // 617-353-2000	from
21. Main Purpose(s) of the journey/	until
21. Main Furpose(s) of the journey/ Select "Study"	Number of entries:
☐ Family reunion/Visiting Family	1
Religious Sports Business Diplomatic	□ 1 □ 2
	1

1

Photo

22. City of destination	23. State of first entry		
Venice, Italy <u>OR</u> Padova, Italy	Write the "City, Country" of you entry. This may be a layover or c	-	
24. Number of entries requested/	25. Duration of the stay. Indicate	Pasad on program d	atos, the number of days of
One/ Two/ Multiple/ Select "Multiple"	number of days (max. 365 day	ys) / each program is liste	ates, the number of days of d below. If you have any efore or after the program, the duration.
26. Schengen visas issued during the past three years /			
□ No/	For US citizens, select "No".	Padua Italian & Europ Padua Internship prog	ean Studies: 102 days
□ Yes. Date(s) of validity / from/	Non-US citizens, select yes, only if this applies to you.	Venice Studio Arts: 1	
Yes. Date(s) of validity / Irom/			-
27. Fingerprints taken previously for the purpose of app			
See #26			
□ No/			
□ Yes/ Date, if known/			
28. Number of no objection document issued for family a where required by legislation governing the type of being			se
Issued by SUI of / Leave blank	· · · · · · · · · · · · · · · · · · ·		
Valid			
from/	until/		
29. Intended date of arrival in the Schengen area	30. Intended date of depart		
Buchard data and a subscript of the subs	area (only for visas valid fo	r stays of between 91-36	4
Program start date unless you plan to arrive early & travel is already booked	days) Program end date		
31. Surname and first name of the inviting person or emp	ployer. If not applicable, in case of	pisa far Adantian	<u> </u>
Religious reasons, Medical reasons, Sports, Study, Missio			VENUCE complete #21 % 22 og
		follows:	<u>VENICE</u> , complete #31 & 32 as
		. °.	on University Study Abroad, Venice
Address and e-mail address of inviting person(s) or empl	oyer Telephone and fax of invitin		rsoduro 3655, 30123 Venice, Italy arniel@bu.edu
		Telephone/Fax: +39-0	
		-	: Boston University Study Abroad,
32. Name and address of inviting company/organization	Telephone and fax of comp		ddress & phone listed above)
		-	niel, Michaela (write out the address,
		phone & email listed a	bove)
Surname and first name, address, telephone, fax and e-m	ail address of contact person in con	, , ,	
Surname and first name, address, telephone, fax and e-m	ian address of contact person in con	If you are studying in	PADUA, complete #31 & 32 as
	×	follows:	
33. Cost of travelling and living expenses is covered by		Inviting person: Bosto	on University Study Abroad, Padova
	Leave blank	Address & email: Via Italy	dei Savonarola 176, 35137 Padova,
by the applicant himself/herself/	by sponsor (host, comp	conve	ento@bu.edu
		Telephone : +39-388-3	556-1505
"cash" and "credit card"	Leave this section	Inviting organization	Boston University Study Abroad,
Means of support/	blank		address & phone listed above)
	other (please		vento, Elisabetta (write out the address,
Cash/	specify)/	phone & email listed a	bove)
Traveller's cheques/			
Credit card/ Prepaid accommodation/	Means of support/	:	
Prepaid transport/			
Other (please specify)/			
STATEMENT NOT NECESSARY FOR FOLLOWING	Accommodation provided		
VISAS:	An expenses covered du		
Family reunion, Accompanying Family, Employment/S	elf- Prepaid transport/		
employed, Business, Diplomatic, Adoption.	Other (please specify)/):	

34. Personal data of the family member who is an EU, SEE or		e this section for #34- 36 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/			
□ other direct descendant/ □ dependent ascendant/			
36. Place and date /	37. Signature (for minors, signature of parental authority/legal guardian)/ (
Leave blank! At this point, print your visa application form. The remaining sections must be signed by hand in black or blue pen.			

I am aware that the visa fee is not refunded if the visa is refused.

Sign here in pen

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.

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.

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. The national controlling Authority is the Guarantor of protection of personal data.

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.).

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.

Sign here in pen!

ANNOTATIONS (Office use only)

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Place and date /	Signatures (for minors, signature of parental authority/legal guardian) /
Boston, MA Day/Month/Year	Sign here in pen!