



## ITALIAN VISA APPLICATION PROCESS (CHICAGO CONSULATE ONLY)

1. **Completed visa application with a passport-sized photograph attached.** Please write clearly. An example on how to fill out the application is provided below (do not date your application). The application must be signed in front of a SLU Study Abroad staff member. You can get passport-sized pictures at the SLU Study Abroad Office at the cost of 2 for \$8.
2. **Original Passport (+ 1 Copy of face-front/information page).** You must submit your original passport booklet. The passport must have at least three (3) months validity left before the visa expiration and at least one blank page left in it. Make sure your passport is signed.
3. **Copy of your flight itinerary (+ 1 Copy).** If you're taking the group flight, you will be provided with a letter and/or flight itinerary. If you're not taking the group flight, you must include a copy of your flight itinerary.
4. **A notarized Copy of your driver's license & SLU student ID.** We can notarize this here at the SLU Study Abroad Office at no cost.
5. **Letter of Enrollment in U.S. Academic Institution & a Letter of Acceptance from an Accredited Academic Institution in Italy.** Letter will be provided by the Rome Center.
6. **Proof of Financial Means:** Even though you can take all of your scholarships with you (except for your housing scholarship) you must still submit proof of financial means. Therefore, you must provide the documentation below. In addition, we will also give you a letter of financial support. Please stop by the Study Abroad Office to pick it up.
  - If you are financially responsible for yourself: submit a recent bank statement or letter issued by your bank, on the bank's letterhead, signed by a bank official, proving adequate financial means (the account balance must be specified. A minimum of \$1000 per month of stay in Italy is required). Additionally, you will complete the affidavit of support (found below) and then have it notarized. We can do this for you in the Office of International Services.
  - If parents are financially responsible for you: an affidavit of support (found below) stating your parents financial commitment for any expenses incurred in Italy must be signed by one of your parents and notarized by a notary public; a recent bank statement proving adequate financial means must also be enclosed (the account balance must be specified. A minimum of \$1000 per month of stay in Italy is required).
7. **Affidavit of overseas health insurance coverage.** The form is attached below. You will need to have this notarized. Therefore, you must sign this form in front of the SLU Study Abroad Office staff. In addition, our office will attach a copy of your international health insurance provided by SLU.
8. **One pre-paid, overnight Express Mail envelope.** You must get this at the United States Postal Service (USPS). No other mail courier will be accepted.
- \*\*\*9. **For non-US citizens:** proof of permanent residence in the USA in the form of a green card or valid long term visa to the United States (except B1/B2), I-20 with the endorsement on the back, IAP66, advanced parole or any other pertinent document from the I.N.S. allowing reentry into the U.S

**Please bring all visa application materials to the SLU Study Abroad Office, located in DuBourg Hall 150, no later than Friday, June 13th, 2008.**



Photo

# Application for Schengen Visa

Stamp Embassy or Consulate

This application form is free

A visa is a permit or a decision issued to tourists or issued for stays of a similarly short duration and which gives the holder the right to cross the borders of and stay in those countries specified on the visa document, on condition that the person concerned fulfils the other entry requirements for that country. A visa is only valid together with a valid passport or a valid travel document of some other kind.

1. Surname(s) (family name(s))		<b>For embassy/ consulate use only</b>  Date application:  File handled by:  Supported documents: <input type="checkbox"/> Valid passport <input type="checkbox"/> Financial means <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> Health insurance <input type="checkbox"/> Other:
2. Surname(s) at birth (earlier family name)		
3. First names (given names)		
4. Date of birth (year-month-day)	5. ID-number (optional)	
6. Place and country of birth		
7. Current nationality/ies	8. Original nationality (nationality at birth)	
9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	10. Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other	
11. Father's name	12. Mother's name	
13. Type of passport <input type="checkbox"/> National passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Travel document (1951 Convention) <input type="checkbox"/> Alien's passport <input type="checkbox"/> Seaman's passport <input type="checkbox"/> Other travel document (please specify) .....		
14. Number of passport	15. Issued by	
16. Date of issue	17. Valid until	
18. If you reside in a country or other than your country of origin, have you permission to return to that country?  <input type="checkbox"/> No <input type="checkbox"/> Yes (number and validity) .....		
*19. Current occupation		
*20. Employer and employer's address and telephone number. For students, name and address of school.		
21. Main destination	22. Type of visa: <input type="checkbox"/> Airport transit <input type="checkbox"/> Short stay <input type="checkbox"/> Transit <input type="checkbox"/> Long stay	23. Visa: <input type="checkbox"/> Individual <input type="checkbox"/> Collective
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries		25. Duration of stay Visa is requested for: ..... days
26. Other visas (issued during the past three years) and their period of validity		
27. In the case of transit, have you an entry permit for the final country of destination?  <input type="checkbox"/> No <input type="checkbox"/> Yes, valid until ..... Issuing authority:		
*28. Previous stays in this or other Schengen states		

MIGR 119031 Nilssons Tryckeri AB Bjärnum

\*The questions marked with \* do not have to be answered by family members of EU or EEA citizens (spouse, child or dependent ascendant). Family members of EU or EEA citizens have to present documents to prove this relationship.



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29. Purpose of travel <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visit to Family or Friends <input type="checkbox"/> Cultural/Sports <input type="checkbox"/> Official <input type="checkbox"/> Medical reasons <input type="checkbox"/> Other (please specify) .....	
*30. Date of arrival	*31. Date of departure
*32. Border of first entry or transit route	*33. Means of transport
*34. Name of host or company in the Schengen states and contact person in host company. If not applicable, give name of hotel or temporary address in the Schengen states.	
Name	Telephone and telefax
Full address	e-mail address

**For embassy/  
consulate use only**

*35. Who is paying for your costs of travelling and for your costs of living during your stay? <input type="checkbox"/> Myself <input type="checkbox"/> Host person(s) <input type="checkbox"/> Host company. (State who and present corresponding documentation) .....
*36. Means of support during your stay <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit cards <input type="checkbox"/> Accomodation <input type="checkbox"/> Other ..... <input type="checkbox"/> Travel and/or health insurance. Valid until: .....

37. Spouse's family name	38. Spouse's family name at birth	
39. Spouse's first name	40. Spouse's date of birth	41. Spouse's place of birth
42. Children (Application <u>must</u> be submitted separately for each passport)		
Name	First name	Date of birth
1.		
2.		
3.		

43. Personal data of the EU or EEA citizen you depend on. This question should be answered only by family members of EU or EEA citizens.		
Name	First name	Date of birth
Nationality	Number of passport	
Family relationship  of an EU or EEA citizen		

44. I am aware of and consent to the following: any personal data concerning me which appear on this visa application form will be supplied to the relevant authorities in the Schengen states and processed by those authorities, if necessary, for the purposes of a decision on my visa application. Such data may be input into, and stored in, databases accessible to the relevant authorities in various Schengen states.  At my express request, the consular authority processing 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 altered or deleted, in particular, should they be inaccurate, in accordance with the national law of the state concerned.  I declare that to the best of my knowledge all particulars supplied by me are correct and complete.  I am aware that my 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 Schengen state which deals with the application.  I undertake to leave the territory of the Schengen states upon the expiry of the visa, if granted.  I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Schengen states. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if fail to comply with the relevant provisions of Article 5.1 of the Schengen Implementing Convention and am thus refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Schengen states.
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45. Applicant's home address	46. Telephone number
47. Place and date	48. Signature (for minors, signature of custodian/guardian)

\*The questions marked with \* do not have to be answered by family members of EU or EEA citizens (spouse, child or dependent ascendant). Family members of EU or EEA citizens have to present documents to prove this relationship.



Consolato Generale d'Italia  
- C H I C A G O -

AFFIDAVIT OF SUPPORT

I, \_\_\_\_\_ born in \_\_\_\_\_

on \_\_\_\_\_ BEING DULY SWORN ON OATH, DEPOSES AND SAYS:

■ that the visa applicant \_\_\_\_\_ born in \_\_\_\_\_  
(city/State)  
on \_\_\_\_\_ is my son/ daughter / myself  
(DOB)

■ that the applicant intends to pursue his/her education by attending  
\_\_\_\_\_ in \_\_\_\_\_  
(name of academic Institution) (city/province in Italy)

from/to \_\_\_\_\_ of the academic year \_\_\_\_\_  
(exact period of study)

■ that I, the affiant, have full time employment as \_\_\_\_\_  
(profession)

■ that I have sufficient income/assets to responsibly cover the visa applicant's expenses during his/her entire course of study in Italy as well as any and all other unforeseen expenses which the applicant may incur during his/her entire stay in Italy.

■ that I, the affiant, will pay the visa applicant's expenses as outlined above.

FURTHER, AFFIANT SAYETH NOT.

Affiant's signature \_\_\_\_\_

SWORN AND SUBSCRIBED TO BEFORE ME THIS \_\_\_\_\_ DAY OF THE MONTH OF  
\_\_\_\_\_ OF THE YEAR \_\_\_\_\_

SEAL

\_\_\_\_\_  
(Signature of Notary Public)

**AFFIDAVIT OF HEALTH INSURANCE COVERAGE**

I, \_\_\_\_\_ born in \_\_\_\_\_

State of \_\_\_\_\_ on \_\_\_\_\_

Residing at \_\_\_\_\_

BEING FIRST DULY SWORN ON OATH, DEPOSE AND SAY:

- That within eight days of my arrival in Italy I will report to the Italian Questura (Police) for the issuance of my ***PERMESSO DI SOGGIORNO*** as required by the Italian Government for all foreigners residing in Italy for an extended period of time.
- That prior to appearing at the Questura, I will have purchased one of the following health insurances:
  - a) Insurance Policy with ***I.N.A. ASSITALIA*** .
  - b) Insurance Policy with a US private health insurance company that will cover me for the medical/hospitalization in line with the Italian Government standards *as specifies on the note* **REQUIREMENTS FOR A STUDY VISA.**

\_\_\_\_\_  
*Signature of the student*

SIGNED BEFORE ME

ON \_\_\_\_\_

Signature \_\_\_\_\_

Seal of the Notary Public