

# STUDENT VISA CHECKLIST

## CONSULATE OF CHILE IN NEW YORK CITY

### IMPORTANT NOTES

- ✓ You must apply for your student visa at least 30 days before your departure date (taking into account the Christmas holiday). I would recommend applying no later than November 27).
- ✓ If you reside in ME, MA, NH, RI, or VT, you can apply for a visa at the Honorary Consulate in Boston.
- ✓ If you reside in PA or DE, you can apply for a visa at the Honorary Consulate in Philadelphia.
- ✓ If you reside in CT, NJ, or NY (or any of the states mentioned above), you can apply at the Consulate in NYC.
- ✓ If you reside in Washington, D.C., MD, NC, VA, or WV, you can apply at the consulate in Washington, D.C.
  - Please find [contact information](#) for each consulate below.
- ✓ You can either apply [online](#) (preferred) or in person by appointment. Request an appointment by emailing or calling (email addresses and phone numbers provided below).
- ✓ Whether you apply online or in person, you must appear in person to get your passport stamped with your student visa. Once your visa is approved, you will be given an appointment for when you need to appear.
- ✓ If you have any questions, contact your counselor, Rachel Ladenheim at [rmladenh@syr.edu](mailto:rmladenh@syr.edu) or (315) 443-9425.
- ✓ Ensure that your passport is valid through January 2017. If not, you will need to [renew your passport](#) before you can submit your visa application.

## DOCUMENTS TO SUBMIT

- 1. Local or State Police Background Check**  
Needs to state that the application has no criminal record. [If currently living in NYS, please see below for instructions.](#) If you live outside of NYS, please obtain either a local or state police background check from your specific area/state.
- 2. Application Form**  
Please find [application instructions below.](#) If applying online, scan and upload along with other documents.
- 3. Photocopy of your Passport (Photo and Signature page)**  
You will bring your physical passport with you when you go to the Consulate to pick up your visa. Passport must be valid for at least 6 months beyond the program end date (January 2017).
- 4. One Color Passport-sized Photo (2x2)**  
Passport photos can be taken at any Kinko's, Walgreens, CVS, etc. (SU students - photos can be taken at the Copy Center at Marshall Square Mall). Photos must be recent and professionally taken. If applying online, attach as a JPEG.
- 5. Medical Certificate**  
Must be issued within 30 days of applying for the visa, by a physician, and the certificate must be issued on the doctor's or medical center's letterhead.  
  
Sample letter:  
To the Consulate of Chile in New York: Please be advised that Ms. or Mr. (patient's full name) is in excellent health. She or he is free from infections or communicable diseases. Therefore, she or he can travel abroad for study without restriction. Medical doctor's signature, stamp, and date.
- 6. Visa Fee**  
Money Order payable to the "Consulate General of Chile" for \$160.00 (U.S. citizens). Fees vary by applicant's nationality.
  - a. Only once you have all of your items ready to go to the Consulate should you purchase the money order.
  - b. If you apply online, you will bring your money order when you appear in person with your passport. You cannot pay online. You should wait to hear from the consulate before purchasing your money order.

## DOCUMENTS SU ABROAD WILL PROVIDE

- 7. Letter of Enrollment**  
Please note that I cannot request your enrollment letter without a copy of your passport and a copy of a passport-size photo. Please complete the Passport

Information page within your [study abroad application](#) and email me a copy of your passport photo.

## 8. Proof of Financial Status

### CONSULAR CONTACT INFORMATION:

Consulate of Chile in NYC:  
866 United Nations Plaza, Suite 601  
New York, NY 10017  
(212) 980-3706, (212) 980-3366  
[cgchileny.visas@minrel.gov.cl](mailto:cgchileny.visas@minrel.gov.cl)

Honorary Consulate in Boston:  
1 Bernardo O'Higgins Circle  
Brighton, MA 02135-7840  
(617) 232-0416  
[conchile.org@comcast.net](mailto:conchile.org@comcast.net)

Honorary Consulate in Philadelphia:  
The Bourse Building  
111 South Independence Mall East  
Suite 785  
Philadelphia, PA 19106  
(215) 829-9520  
[chphiladelphia@minrel.gov.cl](mailto:chphiladelphia@minrel.gov.cl)

Consulate of Chile in Washington, D.C.:  
1736 Massachusetts Ave. NW  
Washington, D.C. 20036  
(202) 530-4104, (202) 530-4106, (202) 530-4107  
[cwashington@minrel.gov.cl](mailto:cwashington@minrel.gov.cl)

### INSTRUCTIONS FOR COMPLETING YOUR VISA APPLICATION FORM

- Write in all caps, in blue or black ink
- If something does not apply, leave blank

PLEASE CHECK WHICH VISA YOU ARE APPLYING FOR: Student Visa

WHEN DO YOU WISH TO VISIT CHILE?

- From: February 14, 2016
- To: July 12, 2016
- Date of Application: Date you have completed application

## PERSONAL INFORMATION

- First Name (exactly as it appears in your passport)
- Middle Name (exactly as it appears in your passport, if applicable)
- Last Name (exactly as it appears in your passport)
- Mother's Maiden Name
- Date of Birth (DD/MM/YYYY)
- Sex
- Marital Status
- Passport Number (exactly as it appears in your passport)
- Date of Issuance (exactly as it appears in your passport, DD/MM/YYYY)
- Country of Issuance (exactly as it appears in your passport)
- Another name, alias or nickname
- Distinguishing marks (tattoos, birthmarks, obvious piercings, etc.)
- Do you have children? How many?
- Height (meters)
- Weight (kilos)
- Place of Birth (city and state)
- Country of Birth
- Country of Current Citizenship
- Your Profession or Degree (undergraduate/graduate student)
- Your Occupation (student)
- Hair Color (as specific as possible)
- Eye Color (as specific as possible)
- Complexion (fair, medium, dark, etc.)
- Your Current Street Address: City, State, Zip Code, Country
- Home Telephone Number
- Email Address
- Cell Phone Number

YOUR IMMIGRATION STATUS IN THE USA: Leave blank if you are a U.S. citizen; complete as appropriate if a non-U.S. citizen

YOUR EMPLOYMENT/BUSINESS DETAILS: Leave blank

SPOUSE'S FULL NAME (IF APPLICABLE): Otherwise leave blank

### MOTHER'S FULL NAME:

- First and Last Names
- Is She Alive?
- Date of Birth (DD/MM/YYYY)
- Place of Birth
- Country of Birth
- City of Residence
- Country of Residence

FATHER'S FULL NAME: Complete exactly as above.

ABOUT YOUR TRIP TO CHILE: Complete if applicable. Leave blank if not applicable.

LIST OF COUNTRIES WHERE YOU HAVE LIVED FOR MORE THAN SIX MONTHS, DURING THE LAST FIVE YEARS, COMMENCING WITH YOUR CURRENT RESIDENCE: Include all applicable countries.

LIST OF COUNTRIES YOU HAVE VISITED WITHIN THE LAST YEAR: Include all applicable countries.

CONTACT PERSON IN CHILE: Mauricio Paredes

ADDRESS AND TELEPHONE NUMBER: Av. J. Guzmán 3300, Providencia, Santiago  
562 2354 5035

ADDRESS & TELEPHONE WHERE YOU WILL BE STAYING: I do not know yet

REASON FOR THIS TRIP TO CHILE: Studies

HOW LONG ARE YOU PLANING TO STAY IN CHILE: 5 months

ESTIMATED ARRIVAL DATE IN CHILE: February 14, 2016

ARRIVAL FLIGHT NUMBER: Leave blank if unknown

ESTIMATED DEPARTURE DATE FROM CHILE: July 12, 2016

DEPARTURE FLIGHT NUMBER: Leave blank if unknown

LEAVE THE REST OF THE BOXES ON PAGE 4 BLANK

DATE AND SIGN PAGE 5. You must print and sign.

## **INSTRUCTIONS FOR OBTAINING LOCAL/STATE BACKGROUND CHECK**

### **In New York State:**

1. Contact MorphoTrust USA by calling 1-877-472-6915 or by visiting their website at [www.lidentogo.com](http://www.lidentogo.com) to schedule an appointment for fingerprinting. If done online:
  - a. Click on NYS
  - b. Click on Online Scheduling
  - c. Continue in English (or whatever language you prefer)
  - d. Type in your first and last name
  - e. Type in the ORI Number – NYDCJSPRY
  - f. Fingerprint Reason – Unsuppressed
  - g. Confirm – Yes

- h. Enter closest zip code
  - i. Choose day and time that works with your schedule at closest location
  - j. Complete application information
    - i. For secondary address, put your school address
2. When you arrive for your appointment, you must:
    - a. Provide two forms of identification (see instructions provided for appropriate forms of ID, your name must be identical on both forms of ID)
    - b. Pay the fee for fingerprinting services = \$59.95  
(You can pay using a personal check, certified check, bank check, money order, cash, or credit card made out to "MorphoTrust USA")
  3. To confirm that your fingerprints have been submitted to the NYS Division of Criminal Justice Services, you can call MorphoTrust USA at 1-877-427-6915
  4. You will receive a hard copy of your results to the address provided within 7-10 business days.
  5. For additional information, visit the Division of Criminal Justice Services page at <http://www.criminaljustice.ny.gov/ojis/recordreview.htm>.