

Italian Student Visa Packet

Consulate General of Italy in Washington, DC

This consulate is for students whose zip codes fall under the jurisdiction of the Consulate General of Italy in Washington, DC. Your assignment is based on your home or school zip code from your SU Abroad application. If you have questions regarding your consulate assignment, please contact Gael Noyes. Read this packet in its entirety and all instructions.

Before you begin:

- Ensure you have a passport valid for at least six months after your program ends.
- Ensure you will **not need your passport** before the program starts.
Note: If you will need your passport before the start of the program, we cannot guarantee you will receive your visa in time and you may need to apply independently. Contact Gael Noyes immediately to verify your eligibility for the group submission process.
- Visa application due date: **Monday, May 1, 2017**
- Main contacts:
 - **Gael Noyes**, Florence Admissions Counselor
315-443-0252, gknoyes@syr.edu
 - **Marie Rauturier**, Italy Visa Coordinator
315-443-9428, mrauturi@syr.edu
- Do not send anything directly to the consulate. Send or bring all materials to:
SU Abroad
ATTN: Italy visas
106 Walnut Place
Syracuse, NY 13210
- **International students** may apply through the Washington, DC jurisdiction if your home school is in the District of Columbia (DC); Montgomery and Prince George's Counties in Maryland; or Arlington and Fairfax Counties and the City of Alexandria in Virginia. Please submit a copy of your I-20 or Green Card with your other paperwork. If you are on a F1-visa, make sure it is valid at least 3 months after you Florence program ends.
- **Students with European Union citizenship** traveling with their EU passport do not need a visa.
- **Full year students:** If there is any chance that you may decide to stay in Italy for a second semester with our program, you should get a visa to cover both semesters in advance. If you do not, you will have to return to the US during the break and apply for a new visa for the spring semester. Please contact or Gael Noyes regarding this matter.

Rules for Submitting Your Italian Visa Application:

1. All documents must be submitted/postmarked by the deadline, sent in one package.
2. All documents must be printed **single-sided**.
3. Do not use any staples, paper clips, glue, or tape on any portion of your application.
4. All forms with handwritten sections must be legible and written **in black or blue ink**.
5. All photos, photocopies, and scans must be clear and easy to read.
6. You may print and photocopy in black and white or color.
7. You may use the forms provided in this packet or you can download them from your [SU Abroad Portal](#).
8. Make copies of all documents for your records and reference. Remember especially to keep a copy of the ID page of your passport.
9. Send applications through a courier service (FedEx or UPS) as the US Postal Service (USPS) may take up to two extra days to reach the SU Abroad office.
10. **Make sure your passport is signed!**

Checklist of Required Visa Documents

The following documents must be **uploaded** to your SU Abroad Portal:

- ☐ A scan of the ID page of your official passport
- ☐ Confirmed round-trip flight itinerary

The following documents must be **mailed** or brought to SU Abroad:

- ☐ Official SIGNED passport
- ☐ One official passport photo
- ☐ Italian visa application form
- ☐ **Notarized** photocopy of your driver's license or state ID
- ☐ Official bank letter and (if applicable) **notarized** affidavit of support
- ☐ Money order – exact amount only – amount available after April 1, 2017
- ☐ International students: copy of your I-20 form or Green Card (both sides)
- ☐ Pre-Paid UPS label

Note: What is a Notary?

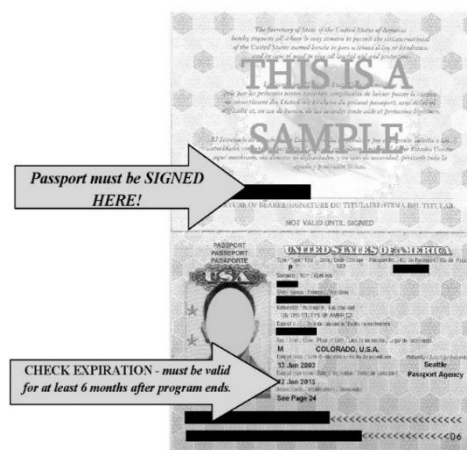
You will notice a few documents require notarization. A notary is a person authorized to perform legal formalities; in this case, authorization of a signature on an official document. This tells the consulate that it has been legally confirmed that YOU signed the document before him/her. You can find notaries at most banks. SU Abroad has a notary available. SU students can make an appointment to have your documents notarized on the SU Abroad website.

Remember to keep a copy of all documents for your records!

UPLOAD: ID Page of Your Official Passport

You are required to provide a copy of the identification page of your passport. Please scan and upload a copy of this page to your SU Abroad Portal. Ensure the copy is clear and legible and you can clearly view all numbers and letters. Please see the sample on the right.

Please be sure that your passport is signed on the page opposite your photograph and check again that your passport is valid for at least six months after your program ends.



UPLOAD: Confirmed Round-Trip Flight Itinerary

To obtain a visa, students must provide proof of exit from the country. You must provide confirmation that you have purchased a round-trip ticket to Italy and out the Schengen area (explanation on the following page). Upload a copy of the flight confirmation from the airline, agent or travel agency. This must include all legs of your flight and confirmation that you purchased the flight.

If you are traveling on the group flight and/or booking your flight through Advantage Travel, please inform Gael Noyes via email and Advantage Travel will send SU Abroad all confirmed itineraries. Please ensure that you **purchase** this flight before the visa deadline. If you have questions regarding group flights, call Advantage Travel (315-471-2222).

You are responsible for researching whether you need a visa for any independent travel before, during or after the program. International students are strongly advised to check tourist visa requirements thoroughly as there may be restrictions.

Syracuse Airways
Your Reservations

You're confirmed!

Date issued: Tuesday, September 02, 2014

Confirmation code:
BDPQ758

[Scan barcode for boarding pass](#)

Trip details: [Download to calendar](#)

DEPART

JFK → FRA New York City to Frankfurt (January 11, 2015)

Flight: SA3796	Travel Time: 7h 25m
Depart: 11:00am	Aircraft: 747
Arrive: 1:00pm	Cabin: Coach
Meal: Lunch	Seat: 25F

2 hour layover FRA

FRA → FLR Frankfurt to Florence (January 11, 2015)

Depart: 3:00pm	Travel Time: 3h 17m
Flight: 142938	Aircraft: 737
Arrive: 6:17pm	Cabin: Coach
Meal: ---	Seat: 17C

RETURN

FLR → FRA Florence to Frankfurt (April 30, 2015)

Flight: LH8473	Travel Time: 3h 00m
Depart: 9:00am	Aircraft: 737
Arrive: 12:00pm	Cabin: Coach
Meal: ---	Seat: 17D

3 hour layover FRA

Syracuse Airways
Your Reservations

FRA → JFK Frankfurt to New York City (April 30, 2015)

Flight: SA2846	Travel Time: 7h 45m
Depart: 3:00pm	Aircraft: 747
Arrive: 4:55pm	Cabin: Coach
Meal: Dinner	Seat: 30C

Total travel cost
(1 passenger)

Fare	Adult:
JFK to FLR	\$650
FLR to JFK	\$700
Taxes and fees	\$50
Total	\$1,430

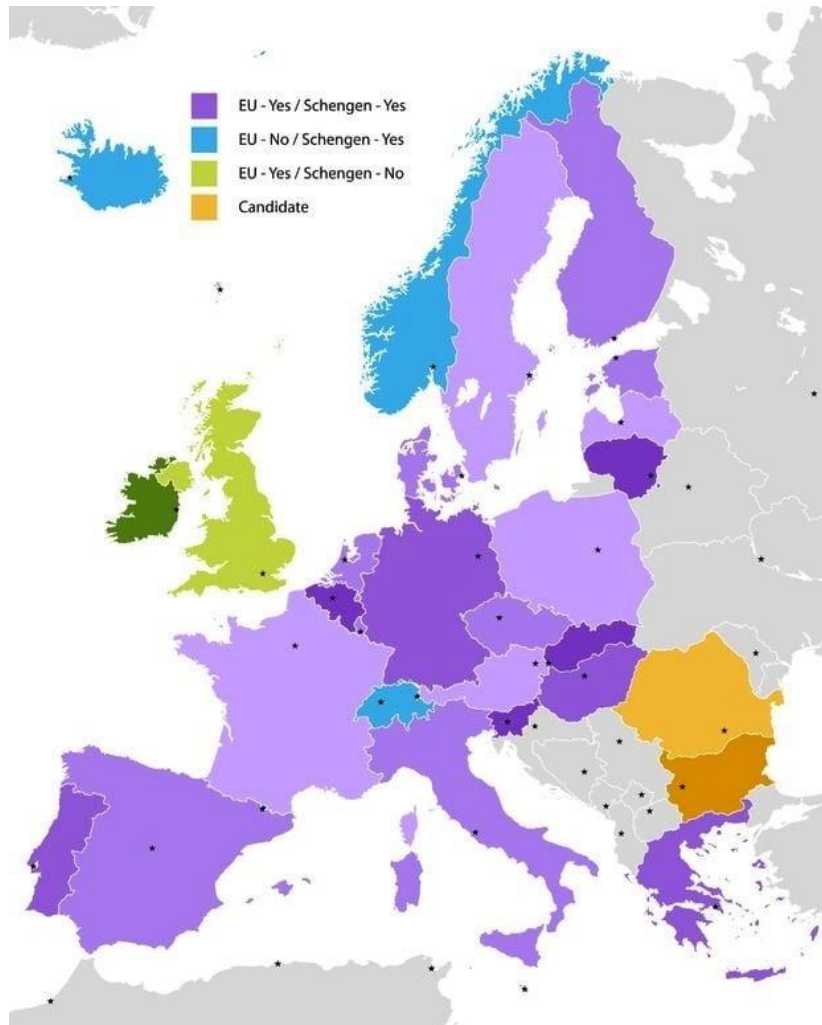
Charged to Jenny C. Doe
*****7328 (Visa)

You paid \$1,430

What is the Schengen Area?

The Schengen Area includes the countries listed below. You will be able to travel freely in these countries within the dates of your program and/or visa.

- Austria
- Belgium
- Czech Republic
- Denmark
- Estonia
- Finland
- Germany
- Greece
- Hungary
- Iceland (not EU)
- Italy
- Latvia
- Liechtenstein (not EU)
- Lithuania
- Luxembourg
- Malta
- Netherlands
- Norway (not EU)
- Poland
- Portugal
- Slovakia
- Slovenia
- Spain
- Sweden
- Switzerland (not EU)



MAIL: Your Official Passport

The consulate requires your official passport in order to place the visa inside as a permanent page. This visa confirms the official approval of your stay in your host country and is required for any student not of European Union citizenship.

If you do not have a passport or your passport will expire within six months of your program ending, apply for or renew your passport immediately! SU Abroad strongly recommends that you have your passport application expedited to ensure your new passport arrives in time to apply for your visa with the group. Applications for passports and passport renewal can be found online at [Travel.State.Gov](https://travel.state.gov).

Once you have applied for your passport, contact Gael Noyes and immediately begin working on the remainder of your visa application and submit it to SU Abroad by the published deadline. Do not fill out ANY passport information, we will fill that in when your new passport arrives. Add a note with your submitted documents detailing the date you submitted your passport application. Once you receive your new passport, do not forget to sign it before sending it to SU Abroad.

MAIL: One Official Passport Photo



The consulate requires a separate photo to create your visa. This does not need to be the same photo in your passport. You may have official passport photos taken at various copy centers, drugstores and other stores (*i.e.*, CVS) for a fee. The photo should feature only you in front of a white background. You may not take the photo yourself. Only send one photo with your visa application, but keep the extra photos and bring them with you to Italy. **Please write your name clearly on the back of the photo.** Please see the sample at left.

MAIL: Notarized Copy of Your Driver's License or State ID

Your driver's license or state ID confirms your residence in the United States and/or your residence within the consulate's jurisdiction. When photocopying your driver's license card please follow these steps:

1. Photocopy your driver's license or state ID onto the template on the following page.
DO NOT SIGN YET
2. Take the sheet to a notary and have the document notarized.
3. Send the original to SU Abroad (no copy of the stamp will be accepted).

Copy your driver's license here ↑

Place and date

Signature of the student

Signature must be notarized by a public notary:

Signed before me on: _____

Signature of the public notary: _____

Seal of the public notary

On this day, before me, the undersigned, a Notary Public in and for said state, personally appeared this individual, proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in her capacity, and that by her signature on the instrument, the individual, or the person upon behalf of which the individual, acted, executed the instrument.

MAIL: Visa Application Form

You must submit a paper application for your visa. Please fill out the application based on the sample provided on the following pages. Fill out each page exactly as it is filled out on the sample with your appropriate information. There are **two signatures** required on this application and you must complete both for the application to be complete.

You should have downloaded a blank application when you downloaded this packet. If you did not, please [click here](#) or in your log into your [SU Abroad Portal](#).

Please refer to this page when answering **questions 25, 29 and 30** of your visa application.

Number of Days for Fall 17 (question 25)

Question 25: Program	Number of Days
SU Florence Center (includes Architecture, Studio Arts, Intensive Language Program and University of Florence (courses taught in English)	107 days
SU Florence Center (includes Architecture, Studio Arts, Intensive Language Program and University of Florence (courses taught in English) + Greek Odyssey Seminar	119 days
Direct enrollment at University of Florence (courses taught in Italian)	112 days
Direct enrollment at University of Florence (courses taught in Italian) + Greek Odyssey Seminar	124 days
Academic Year Students (please contact SU Abroad)	291 days

Program Dates for Fall 17 (questions 29 and 30)

Question 29: Program	Arrival Date
All programs	Arrive August 29, 2017
All programs + Greek Odyssey	Arrive August 17, 2017

Question 30: Program	Departure Date
SU Florence Center (includes Architecture, Studio Arts, Intensive Language Program and University of Florence (courses taught in English)	Depart December 13, 2017
Direct enrollment at University of Florence (courses in Italian) – exact date TBD	Depart December 18, 2017
Academic Year Students (please contact SU Abroad)	Depart by June 15, 2018



Consolato Generale d'Italia
Washington, DC

FOTOGRAFIA

LEAVE BLANK

1. Cognome /Surname (x) LAST NAME (must match passport)				Spazio riservato all'amministrazione	
2. Cognome alla nascita (cognome/i precedente/i) /Surname at birth (former family name(s)) (x) LEAVE BLANK					
3. Nome/i / First names (given name(s)) (x) FIRST and MIDDLE NAME (must match passport)					
4. Data di nascita (giorno-mese-anno) Date of birth (day/month/year) Date of birth - format: day/month/year (29/05/1991)		5. Luogo di nascita/Place of birth CITY and STATE of birth		7. Cittadinanza attuale/current nationality NATIONALITY (ex: USA, CHINESE) Cittadinanza alla nascita, se diversa Nationality at birth, if different	
8. Sesso /Sex: select appropriate box <input type="checkbox"/> Maschile/Male..... <input type="checkbox"/> Femminile/Female.....		6. Stato di nascita /Country of birth COUNTRY of birth		9. Stato civile/marital status..... select appropriate box <input type="checkbox"/> Non coniugato/a/.single <input type="checkbox"/> Separato/a /Separated <input type="checkbox"/> Vedovo/a /widow(er) <input type="checkbox"/> Altro (precisare) /Other (please, specify):..	
10. Per i minori: cognome, nome, indirizzo (se diverso da quello del richiedente) e cittadinanza del titolare della potestà genitoriale/tutore legale/In case of minors: Surname, first name, address (if different from the applicant's) and nationality of parental authority/legal guardian..... LEAVE BLANK				Nome:	
11. Numero d'identità nazionale, ove applicabile /.. / national identity number, where applicable..... LEAVE BLANK				Responsabile della pratica:	
12. Tipo di documento/type of passport: Select "Ordinary Passport" <input checked="" type="checkbox"/> Passaporto ordinario /Ordinary passport <input type="checkbox"/> Passaporto di servizio / Service passport <input type="checkbox"/> Passaporto speciale / Special passport <input type="checkbox"/> Documento di viaggio di altro tipo (precisare) /Other travel document (please, specify)				Nome di chi ha ricevuto la pratica allo sportello:	
13. Numero del documento di viaggio /Number of travel document..... Passport Number		14. Data di rilascio /Date of issue..... Date issued		15. Valido fino al /Valid until .. Date of expiration	
16. Rilasciato da/ Issued by..... COUNTRY of Issue (ex: USA, CHINA)		17. Indirizzo del domicilio e indirizzo di posta elettronica del richiedente Applicant's home address and e-mail address Your PERMANENT ADDRESS and EMAIL ADDRESS		18. Residenza in un paese diverso dal paese di cittadinanza attuale / Residence in a country other than the country of current nationality <input checked="" type="checkbox"/> No Select "No" unless applicable <input type="checkbox"/> Sì. Titolo di soggiorno o equivalente/ Yes, Residence permit or equivalent n. Valid until	
19. Occupazione attuale / ... Current occupation..... STUDENT				Decisione relativa al visto: <input type="checkbox"/> Rifiutato <input type="checkbox"/> Rifiutato per segnalazione SIS non cancellabile. <input type="checkbox"/> Pratica Sospesa <input type="checkbox"/> Rilasciato	
20. Datore di lavoro, indirizzo e numero di telefono. Per gli studenti nome e indirizzo dell'istituto di insegnamento/Employer and employer's address and telephone number. For students, name and address of school List your HOME UNIVERSITY name and its ADDRESS				Tipo di visto: <input type="checkbox"/> D	
21. Scopo del viaggio /Main purpose(s) of the journey Select "Study" only <input type="checkbox"/> Ricongiungimento Familiare/Familiare al Seguito / Family reunion visa <input type="checkbox"/> Motivi Religiosi/ Religious reasons <input type="checkbox"/> Sport/..Sport <input type="checkbox"/> Missione./Mission..... <input type="checkbox"/> Diplomatico/Diplomatic <input type="checkbox"/> Cure Mediche./ Medical reasons <input checked="" type="checkbox"/> Studio/Study <input type="checkbox"/> Adozione/Adoption <input type="checkbox"/> Lavoro subordinato/Subordinate work <input type="checkbox"/> Lavoro autonomo /self-employment <input type="checkbox"/> Di altro tipo / Other (please, specify).....				Valido: dal al..... Numero di ingressi: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multipli	

(x) Alle caselle da 1 a 3 le informazioni vanno inserite come indicate nel documento di viaggio. Questions 1 through 3 must be completed according to the information listed in the travel document.

22. Città di destinazione/City of destination FLORENCE, ITALY	23. Eventuale Stato membro di primo ingresso/Member State of first entry (if applicable) ITALY	
24. Numero di ingressi richiesti/Number of entries <input type="checkbox"/> Uno/..... <input type="checkbox"/> Due/..... <input checked="" type="checkbox"/> Multipli/.....	25. Durata del soggiorno. Indicare il numero dei giorni (max. 365gg.) / Duration of the intended stay (maximum 365 days) PLEASE REFER TO DATES IN PACKET (ex: 107 days)	
26. Visti Schengen rilasciati negli ultimi tre anni / Schengen Visas issued during the past three years <input checked="" type="checkbox"/> No Select "No" unless you have another Schengen Visa in your passport <input type="checkbox"/> Sì. Data/e di validità / Yes, date of validity from.....to.....		
27. Impronte digitali rilevate in precedenza ai fini della presentazione di una domanda di visto Schengen/ Fingerprints collected previously for the purpose of applying for a Schengen Visa. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Sì/. Yes Select "No" unless applicable Data, se nota/ Date if known		
28. Numero del Nullaosta rilasciato ai fini del Ricongiungimento Familiare/Familiare al Seguito/Lavoro Subordinato (solo ove richiesto dalla normativa disciplinante il tipo di visto richiesto)/ "Nulla Osta" ref. n. LEAVE BLANK for "Family Reunion Visa" / Subordinate work (only if requested by the law regarding the specific type of visa requested) Rilasciato dal SUI di/Issued by the "Sportello Unico per l'Immigrazione" of (specify the city) LEAVE BLANK Valida dal/..Valid from LEAVE BLANK al/to LEAVE BLANK		
29. Data di arrivo prevista nell'area Schengen Intended date of arrival in the Schengen area REFER TO DATES IN PACKET MUST MATCH FLIGHT ITINERARY	30. Data di partenza prevista dall'area Schengen (solo per i visti aventi durata compresa tra i 91 ed i 364gg.) Intended date of departure from the Schengen Area (only for visa of 91 days and up to 364 days) REFER TO DATES IN PACKET MUST MATCH FLIGHT ITINERARY	
31. Cognome e nome della persona che ha richiesto il ricongiungimento o del datore di lavoro. Altrimenti, nel caso di visto per Adozione, Motivi religiosi, Cure Mediche, Sport, Studio, Missione: indirizzo di recapito in Italia. Surname and name of the person in Italy who applied for "family reunion" or surname and name of the employer in Italy LEAVE BLANK For Adoption, Religious reasons, Medical reasons, Sport, Study, Mission, please give the address in Italy: LEAVE BLANK		
Indirizzo e indirizzo di posta elettronica della o delle persone che chiedono il ricongiungimento o del datore di lavoro Address and email address of the person(s) who applied for Family reunion or of the employer LEAVE BLANK	Telefono e fax della o delle persone che chiedono il ricongiungimento o del datore di lavoro./Telephone or fax number of the person(s) who applied for Family reunion or of the employer LEAVE BLANK	
32. Nome e indirizzo dell'impresa/organizzazione che invita /Name and address of host company/organization SYRACUSE UNIVERSITY IN FLORENCE PIAZZA SAVONAROLA, 15 FLORENCE I- 50132	Telefono e fax dell'impresa/organizzazione Telephone and fax of the Company/ organization (39) 055-5031-31 PHONE (39) 055-5000-31 FAX	
Cognome, nome, indirizzo, telefono, fax e indirizzo di posta elettronica della persona di contatto presso l'impresa/organizzazione / Surname, first name, address, telephone, fax and email address of contact person in Company/organisation SASA PERUGINI - DIRECTOR SU FLORENCE PERUGINI@SYR.EDU PIAZZA SAVONAROLA, 15, FLORENCE I-50132		
33. Le spese di viaggio e di soggiorno del richiedente sono a carico/ Cost of travelling and living during the applicant's stay is covered by: Check the following boxes indicated and write in the following:		
<input checked="" type="checkbox"/> del richiedente/Myself Mezzi di sussistenza/means of support <input checked="" type="checkbox"/> Contanti/cash <input type="checkbox"/> Traveller's cheque <input checked="" type="checkbox"/> Carte di credito/credit card <input type="checkbox"/> Alloggio prepagato / prepaid accomodation <input checked="" type="checkbox"/> Trasporto prepagato/prepaid transport <input type="checkbox"/> Altro (precisare/Other) INDICAZIONE NON NECESSARIA NEL CASO DI VISTO PER: Ricongiungimento Familiare, Familiare al Seguito, Lavoro Subordinato/Autonoma, Missione, Diplomatico, Adozione. INFORMATION NOT NECESSARY IF APPLYING FOR THE FOLLOWING TYPES OF VISAS: Family reunion/Subordinate work /self-employment/Mission/Diplomatic/Adoption	<input checked="" type="checkbox"/> del promotore(ospite, impresa, organizzazione), precisare/a sponsor(host,company,organisation),please specify SYRACUSE UNIVERSITY di cui alle caselle 31 o 32 / referred to in question n. 31 or 32 <input type="checkbox"/> altro(precisare/Other (please, specify) Mezzi di sussistenza/Menas of support <input type="checkbox"/> Contanti/cash <input checked="" type="checkbox"/> Alloggio fornito / Accomodation provided <input type="checkbox"/> Tutte le spese coperte durante il soggiorno/ All expenses covered during the stay <input type="checkbox"/> Trasporto prepagato/prepaid transport <input type="checkbox"/> Altro (precisare)/ Other (please specify)	

34. Dati anagrafici del familiare che è cittadino UE, SEE o CH / Personal data of the family member who is an EU, EEA or CH citizen ONLY IF APPLICABLE, fill in this section (34 and 35)		
Cognome /Surname		Nome/i / First name(s)
Data di nascita / Date of birth	Cittadinanza /nationality	Numero del documento di viaggio o della carta d'identità Number of travel document or ID card
35. Vincolo familiare con un cittadino UE, SEE o CH / Family relationship with an EU, EEA or CH citizen <input type="checkbox"/> coniuge/spouse <input type="checkbox"/> figlio/a /son/daughter <input type="checkbox"/> altri discendenti diretti/ other descendants <input type="checkbox"/> ascendente a carico / dependent ascendant		
36. Luogo e data / Place and date CITY, STATE, DATE of signature		37. Firma (per i minori, firma del titolare della potestà genitoriale/tutore legale)/ Signature (for minors, signature of parental authority/legal guardian) STUDENT SIGNATURE

Sono a conoscenza del fatto che il rifiuto del visto non dà luogo al rimborso dei diritti pagati per la trattazione della pratica

I am aware that the visa fee is not refunded if the visa is refused **LEAVE BLANK**

Sono informato/a del fatto e accetto che la raccolta dei dati richiesti in questo modulo, la mia fotografia e, se del caso, la rilevazione delle mie impronte digitali sono obbligatorie per l'esame della domanda di visto e che i miei dati anagrafici figuranti nel presente modulo di domanda di visto, così come le mie impronte digitali e la mia fotografia, saranno comunicati alle competenti autorità italiane e trattati dalle stesse ai fini dell'adozione di una decisione in merito alla mia domanda.

Tali dati, così come i dati riguardanti la decisione relativa alla mia domanda o un'eventuale decisione di annullamento o revoca di un visto rilasciato, saranno inseriti e conservati nel sistema informatico della Rappresentanza diplomatico consolare e del Ministero degli Affari Esteri. Tali dati saranno accessibili alle autorità nazionali competenti per i visti. Inoltre, saranno accessibili alle autorità Schengen competenti ai fini dei controlli sui visti alle frontiere esterne, alle autorità degli Stati membri competenti in materia di immigrazione e di asilo (ai fini della verifica dell'adempimento delle condizioni di ingresso, soggiorno e residenza regolari nel territorio degli Stati membri e dell'identificazione delle persone che non soddisfano, o non soddisfano più, queste condizioni), alle autorità degli Stati membri competenti ai fini dell'esame di una domanda di asilo. A determinate condizioni, i dati saranno anche accessibili alle autorità designate degli Stati membri e a Europol ai fini della prevenzione, dell'individuazione e dell'investigazione di reati di terrorismo e altri reati gravi.

Sono informato/a del mio diritto di ottenere la notifica dei dati relativi alla mia persona registrati nel sistema informatico e del diritto di chiedere che i dati inesatti relativi alla mia persona vengano rettificati e che quelli relativi alla mia persona trattati illecitamente vengano cancellati. Su mia richiesta espressa, l'autorità che esamina la domanda mi informerà su come esercitare il mio diritto a verificare i miei dati anagrafici e a rettificarli o sopprimerli, così come delle vie di ricorso previste a tale riguardo dalla legislazione nazionale. L'autorità di controllo nazionale dei dati è il Garante per la Protezione dei Dati Personali.

Dichiaro che tutti i dati da me forniti sono completi ed esatti. Sono consapevole che le dichiarazioni false comporteranno il respingimento della mia domanda o l'annullamento del visto già concesso e comporteranno la richiesta di avvio di azioni giudiziarie da parte della Rappresentanza ai sensi della legislazione dello Stato (articolo 331 c.p.p.).

La mera concessione del visto non dà diritto ad alcun tipo di risarcimento qualora io non soddisfi le condizioni previste dall'articolo 5, paragrafo 1 del Regolamento (UE) n. 562/2006 (Codice Frontiere Schengen) e dell'articolo 4 del D.Lgs. 286/98 e per tali motivi mi venga rifiutato l'ingresso.

I am aware of and consent to the following: the collection of the data required by this application form, submission of my photograph and, if applicable, the taking of fingerprints are mandatory for the examination of the visa application; and any personal data concerning me which appears on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant Italian Authorities and processed by these Authorities for the purposes of a decision on my visa application.

Such data as well as data concerning the decision regarding my application or a decision whether to annul or revoke a visa issued will be entered into and stored in the Visa Information System of the diplomatic/consular mission and the Ministry of Foreign Affairs. Such data will be accessible to the National Visa Authorities. Moreover, such data will be accessible to the Schengen Authorities competent for carrying out checks on visas at external borders, to the 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 of the Member States are fulfilled and of identifying persons who do not or who no longer fulfil these conditions) to the Member States authorities competent for examining asylum applications. Under certain conditions the data

Luogo e data / Today's Place and Date Place and date / ____/____ (day / month / year)	Firma (per i minori, firma del titolare della potestà genitoriale/tutore legale)/ Signature (for minors, signature of parental authority/legal guardian) Signature _____
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MAIL: Bank Letter (Proof of Financial Means)

The consulate requires proof that you have the financial means to reside in Florence by presenting the consulate with an original, signed bank letter from a US bank or financial institution. SU Abroad cannot waive or alter this requirement. All students must provide documentation of their funding. See the requirements below and sample bank letter on the following page.

If you are unable to provide proof of the required amount, you may submit **a bank letter in a parent or guardian's name supporting you**. If you wish to do this, the account holder must complete the Affidavit of Support on page 14, have it notarized and submit it with your visa materials. **Please note you may only use the Affidavit of Support provided for you in this packet**. You may not use a form from another jurisdiction as they are different. If you have questions regarding this, please contact Gael Noyes.

You may also submit a **financial aid letter from your university** as long as it meets the requirements detailed below. The letter should be signed by your financial aid office, and must show clearly that you have at least \$4,000 available, after all your fees are deducted. No screenshot will be allowed.

Statements from retirement accounts, 401k and stock portfolios are NOT accepted by the Italian consulates in lieu of a bank letter.

Accessible amounts required:

- Semester students: \$4,000
- Academic year students: \$8,000
- Fine Arts Graduate students: \$12,000

****NOTE:** Some programs vary in length. If your program is longer than four or eight months, you will need to add \$1,000 per month to the amount.

The format of the letter is basic, but should convey the following:

- YOU (the student) OR the specified person in support of the student are the account holder
- The specified funds are present in your account at the time the letter is generated

Guidelines for the bank letter:

- The document must come from a **United States bank or financial institution**.
- Letter(s) must be original. Copies, scans, emails, and faxes are unacceptable.
- Letter(s) must be on the bank or school original letterhead and have a signature of a representative. Electronic signatures are unacceptable.
- Bank statements are unacceptable.
- Letter(s) must be dated as close to the visa deadline as possible.
- You may combine two accounts from different institutions to reach your required amount.

United States Bank of Syracuse

123 Main Street
Syracuse, NY 13210

April 15, 2016

To The Honorable Italian Consulate General:

This letter certifies that the title of the following accounts reflects [your name here] as an account holder.

Account Type	Account No.	Amount *	Date Opened
Checking	ends in xxxx	\$4,245.36	01/01/2000
Savings	ends in xxxx	In excess of \$8,000.00	01/01/2000

The above mentioned balance(s) is accurate as of [today's date].

Sincerely,
John Doe
Bank Teller and Customer Service Representative
(315) 555-2252
John.Doe@USBS.com



AFFIDAVIT

To:

**Ambasciata d'Italia
Ufficio Visti
3000 Whiteheaven St NW
Washington, DC 20008**

Date _____

I, the undersigned,

born in _____ on _____

residing at _____

Depose and say:

that I will take financial responsibility for my Son /daughter /wife /
husband/parents : _____

Name and Last name

regarding all the expenses which he/she may incur during his/her stay in Italy.

Last name, First name: _____ (*print name*)

Signature _____

U.S. Notary Public Signature and Seal:

MAIL: Notarized Affidavit of Health Insurance Coverage

As part of the visa process, the Italian Consulate General requires that all students purchase an insurance policy with I.N.A. ASSITALIA for the duration of their stay as a student in Italy. SU Abroad purchases this insurance for every student once they arrive in Florence. Therefore, this affidavit is the documentation acknowledging that the student is aware they will have this coverage. You do not need to send any money with this application. This insurance covers only emergency care and alone is not enough medical insurance for a student for the entire semester. Students and their families are responsible for ensuring that they are adequately covered while abroad.

Below is what the form will look like. The notarization should be completed at the bottom of the page or as the notary sees fit. Do not sign the document until you are in the presence of the notary. The actual form is on the following page. Please ensure this form has NOTHING printed on the back when you complete it.

1. Print out the form on the following page. ***DO NOT SIGN YET***
2. Take the sheet to a notary and have the document notarized.
3. Send the original along with your visa application.

**AFFIDAVIT OF HEALTH INSURANCE
ONLY FOR LONG STAY VISA
OVER 90 DAYS
DICHIARAZIONE DI IMPEGNO**

Fill out in the presence of notary →

Il sottoscritto _____
(Last name and first name)

nato/a a _____ il _____
(place of birth) (date of birth: dd/mm/yy)

DICHIARA

di impegnarsi ad acquistare al suo arrivo in Italia una polizza assicurativa con società di assicurazioni italiane che prevedano il pagamento diretto alle Unità Sanitarie Locali delle spese per cure urgenti ospedaliere, accompagnata da dichiarazione che tale polizza *“non contiene limitazioni od eccezioni per le tariffe previste per il ricovero ospedaliero urgente per tutta la durata del ricovero stesso”*.
Prende inoltre atto che la ricevuta di pagamento della polizza assicurativa dovrà essere presentata alla Questura o Posto di Polizia della città di destinazione, competente a rilasciare il “permesso di soggiorno”.

STATE

*I, the undersigned, hereby swear that upon arrival in Italy I will purchase a health insurance policy issued by an Italian Health Insurance carrier that will pay directly the Italian hospitals belonging to the national health care system. I will obtain a written statement to the effect that the policy I have purchased has no limitations or exceptions to the rates established by the Italian public hospitals for emergency medical care or hospitalization, no matter for how long (please, note that the statement should be worded in Italian as it appears written above in the Italian portion between quotes).
I have been also informed that proper receipt of payment for such health policy has to be exhibited to the “QUESTURA” or “POSTO DI POLIZIA”, as supporting document to my application for “PERMESSO DI SOGGIORNO” (permit to stay) and that is not later than eight days from my arrival in Italy.*

Letto, confermato e sottoscritto.
(Read, confirmed and signed)

Il Dichiarante _____
Firma (Signature)

If you mail this statement remember to have your signature notarized by a Notary Public:

Signature & stamp of the Notary Public: _____

← Notarization here

NOTE
Major Italian Health Insurance companies offer policies with health coverage; for instance, the “ISTITUTO NAZIONALE DELLE ASSICURAZIONI INA-ASSITALIA” offers a student health insurance policy with the required coverage. The cost for INA's policy is subject to change and payment should be made through a postal money order (CONTO CORRENTE POSTALE) to the account n. 7127000 under the name of AGENZIA GENERALE DI ROMA INA ASSITALIA, Via del Tritone n. 131, Roma.

DICHIARAZIONE DI IMPEGNO

Il sottoscritto _____

(Last name and first name)

nato/a a _____ il _____

(place of birth) (date of birth: dd/mm/yy)

avanti a _____

(before)

DICHIARA

di impegnarsi ad acquistare al suo arrivo in Italia:

1. una polizza assicurativa per studenti con società di assicurazioni italiane che prevedano il pagamento diretto alle Unità Sanitarie Locali delle spese per cure urgenti ospedaliere, accompagnata da dichiarazione che tale polizza *“non contiene limitazioni od eccezioni per le tariffe previste per il ricovero ospedaliero urgente per tutta la durata del ricovero stesso”*.
2. Prende inoltre atto che la ricevuta di pagamento della polizza assicurativa dovrà essere presentata alla Questura o Posto di Polizia della città di destinazione, competente a rilasciare il *“permesso di soggiorno”* per studio.

STATE

I, the undersigned, hereby swear that upon arrival in Italy I will purchase:

1. A health insurance policy issued by an Italian Health Insurance carrier that will pay directly the Italian hospitals belonging to the national health care system. I will obtain a written statement to the effect that the policy I have purchased has no limitations or exceptions to the rates established by the Italian public hospitals for emergency medical care or hospitalization, no matter for how long (please, note that the statement should be worded in Italian as it appears written above in the Italian portion between quotes);
2. I have been also informed that proper receipt of payment for such health policy has to be exhibited to the *“QUESTURA”* or *“POSTO DI POLIZIA”*, as supporting document to my application for *“PERMESSO DI SOGGIORNO”* (permit to stay) for studying and that is not later than eight days from my arrival in Italy.

Letto, confermato e sottoscritto.

(Read, confirmed and signed)

Il Dichiarante _____

Firma (Signature)

Before mailing this statement remember to have your signature notarized by a Notary Public:

Signature & stamp of the Notary Public

OFFICE USE ONLY

Attesto che il/la dichiarante _____ identificato/a da passaporto n. _____

valido fino a _____,

previa ammonizione sulla responsabilità penale cui può andare incontro in caso di dichiarazione mendace, ha sottoscritto in presenza mia/del notaio pubblico la suesposta dichiarazione.

Washington,

NOTE

Major Italian Health Insurance companies offer policies with health coverage for students; for instance, the *“ISTITUTO NAZIONALE DELLE ASSICURAZIONI INA-ASSITALIA”* offers a student health insurance policy with the required coverage. The cost for INA's policy is subject to change and payment should be made through a postal money order (CONTO CORRENTE POSTALE) to the account n. 7127000 under the name of AGENZIA GENERALE DI ROMA INA ASSITALIA, Via del Tritone n. 131, Roma.

Le maggiori compagnie di assicurazione italiane offrono polizze assicurative per studenti che prevedono la copertura medico ospedaliera richiesta. A titolo indicativo l'Istituto Nazionale delle Assicurazioni INA-Assitalia prevede una adeguata polizza per studenti. L'importo di tale polizza è stabilito annualmente dall'INA e deve essere versato sul Conto Corrente Postale n. 71270003 intestato a: Agenzia Generale di Roma, INA-Assitalia, via del Tritone n. 131, Roma.

MAIL: Money Order

Applicants are required to pay a processing fee in the form of a personal money order made out to **Embassy of Italy** in Washington, DC.

Note that we will get the new visa fee on April 1 and the fee will be posted on our website [here](#). Do not purchase your money order until after the fees have been updated on April 1.

Please make sure you write your name, home address and phone number on your money order. You can purchase one at your local U.S. post office, in a bank, or at the offices of Money Gram, Western Union or Currency Exchange. Some pharmacies may also sell money orders.

Any alteration to the money order (i.e. Whiteout) will render it unacceptable.

UNITED STATES POSTAL SERVICE®		POSTAL MONEY ORDER		15-830 030
SERIAL NUMBER 0101010100	YEAR, MONTH, DAY DATE	POST OFFICE 555555	U.S. DOLLARS AND CENTS \$	
AMOUNT Write amount in words *****				
PAY TO EMBASSY OF ITALY IN WASHINGTON DC	NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS (SEE REVERSE WARNING)			
ADDRESS 3000 WHITEHAVEN STREET, N.W.	FROM YOUR NAME	CLERK 0011		
WASHINGTON, DC 20008	ADDRESS YOUR ADDRESS			
C.D. NO. OR USED FOR ITALIAN VISA PROCESS	YOUR PHONE NUMBER			

000000000000 000000000000

MAIL: Pre-Paid UPS Label

You must provide SU Abroad with a pre-paid UPS label in order to have your passport and visa returned to you. You do not need to provide SU Abroad with an envelope, just the label. Following are directions on how to create one. The label is available for printing for 24 hours. If you do not have immediate access to a printer, you can save the label as a PDF file and print it later.

1. Go to www.ups.com and select the “New User” tab. Complete the sections if you do not have a UPS account:
 - a. Contact name: your first and last name
 - b. Email: the email you will check regularly
 - c. User ID (create one)
 - d. Password (create one)
 - e. Technology Agreement
 - f. Terms and Conditions: Agree
2. Enter your new profile information
 - a. The “address” must be your home/permanent address OR where you will be during the academic break. *Please ensure that this is a secure location with someone available to sign for the package*
3. Communication preferences: Select your own options. Click “Create a shipment.”
4. “Where is this Shipment Going?”
 - a. Select “Address Book”
 - b. Select “profile address”
5. “Where is this Shipment Coming From?”
 - a. Select “Edit”
 - b. Company or Name: SU Abroad
 - c. Contact: Gael Noyes
 - d. Address Line 1: 106 Walnut Place
 - e. City: Syracuse
 - f. State: NY
 - g. Zip Code: 13210
 - h. Telephone: 315-443-0252
 - i. Email: gknoyes@syr.edu
 - j. Click “Update”
6. “What are you shipping?”
 - a. Select “UPS Letter”
7. “How would you like to ship?”
 - a. Service: UPS 2nd Day Air or UPS Next Day Air
 - b. Select “Send email notifications”
 - c. **DO NOT** select “Deliver without signature”

8. “Would you like to add a reference number to this shipment?”
 - a. Leave this section blank
9. “How would you like to pay?”
 - a. Select “Use Another Payment Card”
 - b. Enter your credit card information
 - c. Specify your billing address
10. “Would you like to schedule a pickup?”
 - a. Leave this section blank
11. Review that the information is correct, and make sure that box is checked for “Review Shipping details, including price, before completing this shipment”
12. Click “Next”
13. Enter any email address(es) you’d like to be notified upon shipment, and a personal email message if desired (e.g., “John Smith’s passport”)
14. Click “Next”
15. Review the shipping information and click “Ship Now” if correct
16. Print or save the label.

IMPORTANT: Although we will do everything in our power to help you locate a missing package, SU Abroad cannot be responsible for shipments that are wrongfully delivered or lost by UPS. It is UPS policy to require a signature for a package unless otherwise instructed and to leave packages in a secure location. However, we unfortunately have no control over individual drivers and whether they adhere to UPS policy.

SU Abroad recommends that you track your package when you are notified that your passport has been sent. If you have special requirements for delivery (a specific door, ringing the doorbell, etc.), these must be addressed by you as the customer with UPS.

For greater control over how your UPS shipment is delivered, please consider signing up for the UPS My Choice service. You can receive alerts regarding the package and can provide further instructions how you would like the package delivered (leave inside a side door, reschedule, bring to a different address, etc.). Read about this service here: http://www.ups.com/content/us/en/bussol/browse/personal/delivery_options/my_choice.html. To sign up, use this link: <http://www.ups.com/mychoice/welcome.html>

Please contact UPS Customer Service at 800-PICK-UPS (800-742-5877) with your tracking number if you have questions about the delivery of your package or to file a claim for a missing package. You may also file a claim from your online account.