

Italian Student Visa Packet

Consulate General of Italy in Philadelphia

This consulate is for students whose zip codes fall under the jurisdiction of the Consulate General of Italy in Philadelphia. Your assignment is based on your home or school zip code from your Syracuse Abroad application.

Before you begin:

- Ensure you have a passport valid for at least 6 months after your program ends.
- **If you need your passport for travel anytime between May 6 and the start of the Florence program in late August, do not submit your visa application documents to our office for the group submission.** You will need to apply for your visa independently. Contact us immediately for more information.
- Visa application due date: **Friday, May 6, 2022**
- Main contact:
 - **Courtney Eppel**, Florence Visa Coordinator
315-443-9428, syrflorence@syr.edu or cspencer@syr.edu
- International students may apply through the Philadelphia jurisdiction if your home school is in Delaware, Maryland (except Montgomery and Prince Georges Counties), some New Jersey counties (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean, Salem), Pennsylvania, North Carolina, Virginia (except Arlington and Fairfax counties), or West Virginia. Submit a copy of your I-20 or Green Card with your other paperwork. If you are on an F1-visa, make sure it is valid at least 3 months after your 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 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 second semester. Please contact us if you are planning on staying for two semesters.

Mail or bring completed visa documents to:

Syracuse Abroad
ATTN: Italy Visas
106 Walnut Place
Syracuse, NY 13244

Rules for Submitting Your Italian Visa Application:

- **Make sure your passport is signed!**
- **Respect the deadline!**

All documents must be received by the deadline, sent in one package. If you miss the deadline, we can't guarantee you to be part of the group submission and you may have to submit your application independently.
- Print all documents single-sided only.
- Do not use staples, paper clips, glue or tape on any portion of your application.
- All forms with handwritten sections must be legible and written in **black or blue ink**.
- All photos, photocopies and scans must be clear and easy to read.
- You may print and photocopy in black and white or color.
- You may use the forms in this packet or download them from your [OrangeAbroad Portal](#).
- Make copies of all documents for your records and reference.
 - Note: Especially keep a copy of the ID page of your passport.
- Send applications through a courier service (FedEx or UPS) as the US Postal Service (USPS) may take up to two days longer to reach the Syracuse Abroad office.

IMPORTANT: Please do not, under any circumstance, contact the consulate regarding your visa application.

As you are part of our group submission, the consulate requires that all contact regarding the group submission must come from Syracuse Abroad.

Checklist of Required Visa Documents

These documents are mandatory, no exceptions will be made.

The following documents must be mailed or brought to Syracuse Abroad:

- 1. Official **SIGNED** passport
- 2. One official passport photo with your name written on back
- 3. Photocopy of your student ID card and driver's license or state ID — both on one page
 - Non-U.S. citizens:** also need a copy of your I-20 form and U.S. visa, or Green Card (both sides)
- 4. Italian visa application form (with 3 signatures)
- 5. Enrollment verification letter from your home university (non-SU students only)
- 6. Visa fee- money order made out to Consulate General of Italy in Philadelphia
- 7. Official bank letter and (if applicable) **notarized** affidavit of support
- 8. **Notarized** affidavit of health insurance
- 9. Pre-Paid shipping label (for us to ship your passport back to you)
- 10. Copy of round-trip flight itinerary (**Note:** if you are traveling on the group flight, Syracuse Abroad will get this for you)
- 11. Visa application authorization form

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

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.

1. Your Official Passport

The consulate requires your official, SIGNED 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/ renew your passport immediately, using the expedited service!****

Syracuse 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. If you do not use the expedited service and your passport does not arrive until after the deadline, we cannot guarantee that you will be able to be part of the group submission.

Applications for passports and passport renewal can be found online at [Travel.State.Gov](https://travel.state.gov).

2. One Official Passport Photo



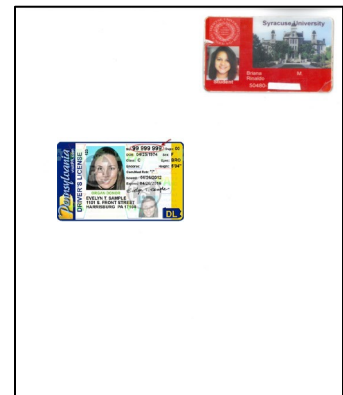
The consulate requires a separate photo to create your visa. The photo should reflect your current appearance and should be less than a year old. You may have official passport photos taken at the post office, drugstores and other stores for a fee. The photo should feature only you in front of a white 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.

3. Photocopy of Your Student ID and driver's license

Your university ID card provides proof that you are a full-time student at an accredited university. Your driver's license or state ID confirms that you live in the region served by the Philadelphia consulate.

Please photocopy both on the same blank page, with nothing written on the back. See sample to the right.

Non-U.S. citizens: please make a copy of your U.S. visa and I-20 or green card (both sides).



4. Visa Application Form

To print a blank copy of the application form, please [click here](#) or in your log into your [OrangeAbroad Portal](#).

Please fill out each page exactly as it is filled out on the sample (pages 6-9 in this packet) with your appropriate information. There are **three signatures required** on this application and you must complete all for the application to be complete.

Refer to this page when answering questions 24 and 25 of your visa application.

Number of Days for Fall 22 (question 25)

Question 25: Program	Number of Days
SU Florence Center	
SU Florence Center: Studio Arts, Architecture	
SU Florence Center & Intensive Language Program at University of Florence	
SU Florence Center & Direct Enrollment at University of Florence	107 days
Signature Seminar (with any program above)	118 days

Program Dates for Fall 22 (questions 29 and 30)

Question 29: Program	Arrival Date
Signature Seminar- Borders in Flux or Empires of Exchange	Arrive 20 August, 2022
SU Florence Center	
SU Florence Center: Studio Arts, Architecture	
SU Florence Center & Intensive Language Program at University of Florence	
SU Florence Center & Direct Enrollment at University of Florence	Arrive 31 August, 2022

Question 30: Program	Departure Date
All programs	Depart 15 December, 2022



**Consulate General of Italy
Philadelphia (USA)**

National Visa Application (D)
Domanda di visto nazionale (D)

This application form is free
Modulo gratuito



COMPLETE THIS FORM IN ALL ITS PARTS. FAILING TO DO SO MAY RESULT IN LONGER PROCESSING TIMES
SI PREGA DI COMPILARE IL PRESENTE FORMULARIO IN TUTTE LE SUE PARTI.
UNA COMPILAZIONE INCOMPLETA POTREBBE COMPORARE UN ALLUNGAMENTO NEI TEMPI DI TRATTAZIONE.

1. Surname (Family name) (*) <i>Cognome</i>			LAST NAME (must match passport)			Spazio riservato all'Amministrazione For Office use only
2. Surname at birth (Former family name/s) (*) <i>Cognome alla nascita (Cognomi precedenti)</i>			LEAVE BLANK			
3. First name/s (Given name/s) (*) <i>Nome/i</i>			FIRST and MIDDLE NAME (must match passport)			
4. Date of birth (dd/mm/yy) <i>Data di nascita (gg/mm/aa)</i>		5. Place of birth / <i>Luogo di nascita</i>		7. Current nationality / <i>Cittadinanza attuale</i>		Data di presentazione della domanda:
DATE OF BIRTH- format: day/month/year (29/05/1991)		CITY and STATE of birth		NATIONALITY (ex: USA, CHINESE)		
8. Gender <i>Sesso</i>		6. Country of birth / <i>Stato di nascita</i>		Nationality at birth, if different <i>Cittadinanza alla nascita, se diversa</i>		Numero della domanda:
<input type="checkbox"/> Male / <i>Maschile</i> <input type="checkbox"/> Female / <i>Femminile</i> select appropriate box		COUNTRY of birth		<input type="checkbox"/> If you were born a different nationality		
9. Marital Status / <i>Stato civile</i>		9. Marital Status / <i>Stato civile</i>		9. Marital Status / <i>Stato civile</i>		Domanda presentata presso: <input type="checkbox"/> Ambasciata/Consolato <input type="checkbox"/> Fornitore dei servizi <input type="checkbox"/> Altro (precisare):
<input type="checkbox"/> Single / <i>Non coniugato/a</i> <input type="checkbox"/> Married / <i>Coniugato/a</i> <input type="checkbox"/> Separated / <i>Separato/a</i> <input type="checkbox"/> Divorced / <i>Divorziato/a</i> <input type="checkbox"/> Widow(er) / <i>Vedovo/a</i> <input type="checkbox"/> Other (pls. specify) <i>Altro (precisare)</i>		select appropriate box		select appropriate box		
10. In case of minors: surname, first name, address (if different from applicant's) and nationality of the holder of parental responsibility/legal guardian / <i>Per i minori: cognome, nome, indirizzo (se diverso da quello del richiedente) e cittadinanza del titolare della potestà genitoriale/tutore legale</i>						Responsabile della pratica: Nome di chi ha ricevuto la pratica allo sportello:
LEAVE BLANK						
11. Type of travel document / <i>Tipo di documento</i>						Documenti giustificativi: <input type="checkbox"/> Documento di viaggio <input type="checkbox"/> Mezzi di sussistenza <input type="checkbox"/> Invito <input type="checkbox"/> Mezzi di trasporto <input type="checkbox"/> Assicurazione sanitaria di viaggio <input type="checkbox"/> Altro:
<input checked="" type="checkbox"/> Ordinary Passport / <i>Passaporto ordinario</i> <input type="checkbox"/> Diplomatic Passport / <i>Passaporto diplomatico</i> <input type="checkbox"/> Service Passport / <i>Passaporto di servizio</i> <input type="checkbox"/> Official Passport / <i>Passaporto ufficiale</i> <input type="checkbox"/> Special Passport / <i>Passaporto speciale</i> <input type="checkbox"/> Other travel document (pls. specify) <i>Documento di viaggio di altro tipo (precisare)</i>						
12. Number of travel document <i>Numero documento di viaggio</i>		13. Date of issue <i>Data di rilascio</i>		14. Valid until / <i>Valido fino a</i>		Decisione relativa al visto: <input type="checkbox"/> Rifiutato <input type="checkbox"/> Rilasciato
PASSPORT NUMBER		date issued		date of expiration		
16. Applicant's home address and e-mail address / <i>Indirizzo del domicilio e di posta elettronica del richiedente</i>				15. Rilasciato da / <i>Issued by</i>		Tipo di visto:
Your PERMANENT ADDRESS and EMAIL ADDRESS				COUNTRY of issue (ex: USA, CHINA)		
17. Residence in a country other than the country of current nationality / <i>Residenza in un Paese diverso dal Paese di cittadinanza attuale</i>						Valido: dal/...../..... al/...../.....
<input checked="" type="checkbox"/> No / <i>Select "NO" unless applicable</i> <input type="checkbox"/> Yes. Residence permit or equivalent / <i>Si. Titolo di soggiorno di soggiorno o equivalente</i> n. / n. Valid until / <i>Valido fino al</i>						
18. Current occupation / <i>Occupazione attuale</i>						Numero di ingressi: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multipli
STUDENT						
19. Employer and employer's address and telephone number. For students, name and address of educational institute <i>Datore di lavoro, indirizzo e telefono. Per gli studenti, nome e indirizzo dell'istituto di insegnamento.</i>						Numero di giorni:
List your HOME UNIVERSITY name and its ADDRESS						
20. Main purpose/s of the journey / <i>Scopi principali del viaggio</i>						
<input type="checkbox"/> Family reunification/following family member / <i>Ricongiungimento familiare/Familiare al seguito</i> <input type="checkbox"/> Religious reasons / <i>Motivi religiosi</i> <input type="checkbox"/> Sport / <i>Sport</i> <input type="checkbox"/> Mission / <i>Missione</i> <input type="checkbox"/> Diplomatic / <i>Diplomatico</i> <input type="checkbox"/> Medical reasons / <i>Cure mediche</i> <input checked="" type="checkbox"/> Study / <i>Studio</i> <input type="checkbox"/> Adoption / <i>Adozione</i> <input type="checkbox"/> Salaried employment / <i>Lavoro subordinato</i> <input type="checkbox"/> Self-employment / <i>Lavoro autonomo</i> <input type="checkbox"/> Other (pls. specify) / <i>Di altro tipo (precisare)</i>						
Select "STUDY" only						

(*) As specified in the travel document / *Come indicate nel documento di viaggio*

21. Your destination in Italy / Destinazione in Italia FLORENCE, ITALY		22. Schengen State of first entry (if applicable) <i>Eventuale Stato Schengen di primo ingresso</i> ITALY	OSSERVAZIONI E ANNOTAZIONI
23. Numer of entries requested / Numero di ingressi richiesti <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Multiple entries / <i>Multipli ingressi</i>		24. Number of days of intended stay (max. 365) <i>Indicare i giorni di soggiorno previsti (massimo 365)</i> PLEASE REFER TO DATES IN PACKET (ex: 107 days)	
25. Intended date of arrival in Schengen area <i>Data di arrivo prevista nell'area Schengen</i> REFER TO DATES IN PACKET- MUST MATCH FLIGHT ITINERARY (day/ month/ year)			
26. Surname and name of the person in Italy who applied for Family Reunification, or surname and name of the Employer in Italy. <i>Cognome e nome della persona che ha richiesto il Ricongiungimento Familiare o del Datore di Lavoro</i> LEAVE ALL BLANK For Adoption, Religious Reasons, Medical Reasons, Sport, Study, Mission, please specify the address in Italy <i>Nel caso di visto per Adozione, Motivi Religiosi, Cure Mediche, Sport, Studio, Missione, indicare l'indirizzo di recapito in Italia</i>			
Address and e-mail of the person(s) who applied for Family Reunification or the Employer <i>Indirizzo e indirizzo di posta elettronica della persona che chiedono il Ricongiungimento Familiare o del Datore di Lavoro</i> LEAVE BLANK		Telephone and fax number of the person(s) who applied for Family Reunification or the Employer / Numero di Telefono e di fax della/e persone che chiedono il Ricongiungimento Familiare o del Datore di Lavoro LEAVE BLANK	
27. Name and address of host Company/Organization <i>Nome e indirizzo dell'impresa/organizzazione che invita</i> SYRACUSE UNIVERSITY IN FLORENCE PIAZZA SAVONAROLA, 15 FLORENCE I-50132		Telephone and fax number of the Company /Organization / <i>Telefono e fax dell'impresa/organizzazione</i> (39) 055-5031-31 PHONE (39) 055-5000-31 FAX	
Surname, first name, address, telephone, fax and email address of contact person in Company/Organization <i>Cognome, nome, indirizzo, telefono, fax e indirizzo di posta elettronica della persona di contatto presso l'impresa/organizzazione</i> SASA PERUGINI- DIRECTOR SU FLORENCE PERUGINI@SYR.EDU PIAZZA SAVONAROLA, 15, FLORENCE I-50132			
28. Cost of traveling and living during the applicant's stay is covered by / Le spese di viaggio e soggiorno del richiedente sono a carico <i>Check the following boxes indicated and write in the following.</i> <input checked="" type="checkbox"/> the applicant / <i>del richiedente</i> <input checked="" type="checkbox"/> a sponsor (host, company, organization), please specify <i>del promotore (ospite, impresa, organizzazione, precisare)</i> SYRACUSE UNIVERSITY referred to in box n. 26 or 27 / <i>di cui alle caselle 26 o 27</i> <input type="checkbox"/> Other (pls. specify) / <i>Altro (precisare)</i> Means of support / <i>Mezzi di sussistenza</i> <input type="checkbox"/> Cash / <i>Contanti</i> <input type="checkbox"/> Traveller's Cheques <input checked="" type="checkbox"/> Credit Cards / <i>Carte di credito</i> <input checked="" type="checkbox"/> Prepaid accomodation / <i>Alloggio prepagato</i> <input checked="" type="checkbox"/> Prepaid transport / <i>Trasporto prepagato</i> <input type="checkbox"/> Other (pls. specify) / <i>Altro (precisare)</i> THIS INFORMATION IS NOT NECESSARY FOR THE FOLLOWING TYPES OF VISA: Family Reunification, Following Family Member, Salaried Employment, Self Employment, Mission, Diplomatic, Adoption <i>INDICAZIONE NON NECESSARIA NEL CASO DI VISTO PER: Ricongiungimento Familiare, Familiare al Seguito, Lavoro Subordinato, Lavoro Autonomo, Missione, Diplomatico, Adozione</i> <input type="checkbox"/> Cash / <i>Contanti</i> <input checked="" type="checkbox"/> Provided accomodation / <i>Alloggio prepagato</i> <input type="checkbox"/> All expenses covered during the stay / <i>Tutte le spese coperte durante il soggiorno</i> <input type="checkbox"/> Prepaid transport / <i>Trasporto prepagato</i> <input type="checkbox"/> Other (pls. specify) / <i>Altro (precisare)</i>			
29. Personal data of the family member who is an EU, EEA or CH citizen / <i>Dati anagrafici del familiare che è cittadino UE, SBB o CH</i> Surname / <i>Cognome</i> ONLY IF APPLICABLE, fill in this section (29 and 30) First Name/s / <i>Nome/i</i>			
Date of birth / <i>Data di nascita</i>	Nationality / <i>Cittadinanza</i>	Number of travel document or ID card <i>Numero del documento di viaggio o della carta d'identità</i>	
30. Family relation with an EU, EEA or CH citizen / <i>Vincolo familiare con un cittadino UE, SBB o CH</i> <input type="checkbox"/> Spouse / <i>Coniuge</i> <input type="checkbox"/> Son/Daughter / <i>Figlio/a</i> <input type="checkbox"/> Other descendant / <i>Altri discendenti diretti</i> <input type="checkbox"/> Dependent ascendant / <i>Ascendente a carico</i> <input type="checkbox"/> Other (pls. specify) / <i>Altro (precisare)</i>			
31. Place and date / <i>Luogo e data</i> CITY, STATE, DATE of signature		32. Signature (for minors, signature of parental authority/legal guardian) <i>Firma (per i minori, firma del titolare della potestà genitoriale/tutore legale)</i> STUDENT SIGNATURE	

INFORMATION ON THE PROCESSING OF PERSONAL DATA / INFORMATIVA SUL TRATTAMENTO DEI DATI PERSONALI

The collection of data required in this form, your photograph and, if applicable, the detection of your fingerprints, are mandatory for the examination of the visa application and your personal details which appear on this visa application form, as well as your fingerprints and your photograph will be supplied to the competent Italian authorities and processed by those authorities, for the adoption of a decision on your application.
La raccolta dei dati richiesti in questo modulo, la sua fotografia e, se del caso, la rilevazione delle sue impronte digitali sono obbligatorie per l'esame della domanda di visto e i suoi dati anagrafici che figurano nel presente modulo di domanda di visto, così come le sue impronte digitali e la sua fotografia, saranno comunicati alle autorità competenti italiane trattate dalle stesse, ai fini dell'adozione di una decisione in merito alla sua domanda.

Such data as well as data concerning the decision on this application, or any decision to annul or revoke a visa issued will be entered and stored in the computer system of the diplomatic-consular mission and the Ministry of Foreign Affairs and International Cooperation. These data will be accessible to

I am aware of the fact that the refusal of a visa does not give rise to the reimbursement of fees paid **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.

the competent national authorities for visas. In addition, they will be accessible to the competent authorities for the purposes of Schengen visa checks at external borders, to the authorities of Member States responsible for immigration and asylum (for the purpose of verifying whether the conditions for entry, stay and regular residence in the territory Member States and the identification of persons who do not, or no longer fulfill these conditions), to the authorities of Member States responsible for the purposes of examining an asylum application. Under certain conditions the data will be also available to designated authorities of Member States and to Europol for the purposes of prevention, detection and investigation of terrorist offenses and other serious crimes.

Tali dati, così come i dati riguardanti la decisione relativa a questa 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 e della Cooperazione Internazionale. 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.

The Ministry of Foreign Affairs and International Cooperation (Piazzale della Farnesina 1, 00135 Roma, www.esteri.it, dgf16@esteri.it) is the Italian authority responsible (controller) for data processing.

Il Ministero degli Affari Esteri e della Cooperazione Internazionale (Piazzale della Farnesina 1, 00135 Roma, www.esteri.it) è l'autorità italiana responsabile (titolare) del trattamento dei dati.

You have the right to obtain notification of the data relating to you registered in the informatic system and request that inaccurate data relating to you to be corrected and that data relating to you that is processed unlawfully be deleted. For information on the exercise of your right to check your personal details and to have them corrected or deleted, including ways of appeal provided in this regard by the national legislation of the State concerned, see www.esteri.it and <http://vistoneritalia.esteri.it>

Lei ha il diritto di ottenere la notifica dei dati relativi alla sua persona registrati nel sistema informatico e di chiedere che i dati inesatti relativi alla sua persona vengano rettificati e che quelli relativi alla sua persona trattati illecitamente vengano cancellati. Per informazioni sull'esercizio del suo diritto a verificare i suoi dati anagrafici e a rettificarli o sopprimerli, così come sulle vie di ricorso previste a tale riguardo dalla legislazione nazionale dello Stato interessato, vedi www.esteri.it e <http://vistoneritalia.esteri.it>

Further information will be provided upon request by the authority examining your application. The Italian national supervisory authority competent for the protection of personal data is the Guarantor for the Protection of Personal Data (Piazza di Montecitorio 121, 00186 Roma, www.garanteprivacy.it, tel. +3906 696771).

Ulteriori informazioni saranno fornite su sua richiesta dall'autorità che esamina la sua domanda. L'autorità di controllo nazionale italiana competente in materia di tutela dei dati personali è il Garante per la Protezione dei Dati Personali (Piazza di Montecitorio 121, 00186 Roma, www.garanteprivacy.it, tel. +3906 696771).

I declare that all information supplied by me are correct and complete. I am aware that false statements will lead to my application being rejected or to the annulment of a visa already granted and will result in the request for the prosecution by the Representation under the law of the State (Article 331 Code of Criminal Procedure).

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.).

The mere granting of a visa does not entitle me to any compensation if I fail to meet the conditions of Article 5, paragraph 1 of Regulation (EU) No. 562/2006 (Schengen Borders Code) and Article 4 of Legislative Decree no. 286/98, and for these reasons my entry is refused.

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.

Place and date / <i>Luogo e data</i>	Signature (for minors, signature of parental authority/legal guardian) <i>Firma (per i minori, firma del titolare della potestà genitoriale/tutore legale)</i>
CITY, STATE, DATE of signature	STUDENT SIGNATURE

ANNOTAZIONI (riservato all'Ufficio) / REMARKS (for Office use only)

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5. Enrollment Verification Letter from Home University

For Non-SU students only. **Obtain this letter from your school's registrar's office**; it should confirm that you are enrolled full time at your home university, and should contain your anticipated graduation date. **Letters from National Student Clearinghouse will not be accepted.**

Send the original letter with a stamp or seal, copies will not be accepted. If your school would rather send your letter directly to Syracuse Abroad, please contact [Courtney Eppel](#).

6. Visa Fee

The Italian consulate charges a fee for a long stay student visa. Please submit a money order made out to the Consulate General of Italy in Philadelphia for the exact fee amount (fees change quarterly based on exchange rate; new fee info will be available April 1. **You will receive an email in early April with details**). They will only accept money orders purchased at the post office.

7. Bank Letter (Proof of Financial Means)

The consulate requires proof that you have financial means to reside in Florence by presenting the consulate with an original, signed bank letter from a US bank or financial institution. Syracuse 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 in your own personal checking or savings account, you may submit a bank letter from a checking/savings account in a parent or guardian's name supporting you. If you wish to do this, the account holder must also complete the Affidavit of Support on page 13, have it notarized and submit it with your visa materials. **If you have a joint bank account with a parent or guardian, your parent or guardian must complete the Affidavit of Support.** 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.

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: \$10,000

****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 checking/savings account(s) 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's original letterhead and have a signature of a representative.
- Bank statements are unacceptable.
- Letter(s) must be dated as close to the visa deadline as possible.
- You may combine multiple 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 OF FINANCIAL SUPPORT
(Must be presented together with a recent Bank letter/Bank statement)

I, the undersigned,

_____ *Name and Last Name*

born in _____ on _____
Place Date

residing at

_____ *Street Address, City and State*

I depose and say that

I will take financial responsibility for my son / daughter / wife / husband / parents :

_____ *Name and Last Name(of the applicant)*

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

Signature: _____

Print name and last name:

Sworn and subscribed to before me on *(date)* _____

U.S Notary Public Signature and Seal:

*notarization must be done within this page

8. 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. Syracuse 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 (see note on page 3).
3. Send the original along with you 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)

Sign in the presence of notary →

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.

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

Il sottoscritto _____

(Last name and first name)

nato/aa _____ 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:

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.

9. Pre-Paid Shipping Label

You must provide Syracuse Abroad with a pre-paid UPS, FedEx, or U.S. Postal Service label **WITH TRACKING INFORMATION** in order to have your passport and visa returned to you. You do not need to provide Syracuse Abroad with an envelope, just the label. Following are directions on how to create a label through UPS. If you do not have immediate access to a printer, you can save the label as a PDF file and print it later.

Go to www.ups.com

Select “ship” from the quick start menu

1. Where are you shipping from?
 - a. **You are shipping FROM Syracuse Abroad**, 106 Walnut Place, Syracuse NY 13244, 315.443.3471, syrflorence@syr.edu (check the box to send status updates to this email address)
 - b. Continue

Where is your shipment going?

 - c. **You are shipping TO your home address.** Enter those details here.
 - d. Continue
2. What kind of packaging are you using?
 - a. From the drop down list, select “UPS LETTER”, weight 1lb, declared value \$170 USD
 - b. You can add a reference number or other options if you like, but it’s not required
 - c. Continue
3. How would you like to ship?
 - a. Select “I’ll drop off my shipment or include it in another pickup.” Skip the estimated ship date.
 - b. From the selection of boxes shown, **disregard the dates listed and choose the box that says “UPS 2ND DAY AIR”**. You can choose next day air if you prefer.
 - c. Continue
4. Almost done. Let’s check a few more details.
 - a. What are you shipping? Enter a descriptor such as “Italian visa”
 - b. Add your personal email address so you can receive notifications of your passport’s whereabouts. Select any other options you wish.
 - c. Continue
5. How would you like to pay?
 - a. Select payment card and fill out your billing information.
6. Review the details; if everything is correct, click “PAY AND GET LABEL”.
 - a. If you can’t print the label out right away, save it as a PDF so you can print it later. The label is available for printing for 24 hours. If you wait longer than 24 hours, you will have to call UPS customer service for assistance to print the label.

IMPORTANT: Although we will do everything in our power to help you locate a missing package, Syracuse 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.

Syracuse 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.

10. Confirmed Round-Trip Flight Itinerary

To obtain a visa, students must provide proof of entry and exit from Europe. You must provide confirmation that you have purchased a round-trip ticket to Italy and out of the Schengen Area (explanation on the following page). Make 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.

Suggested flight info from our preferred travel agency, Advantage Travel of CNY, will be shared with you in early April. If you book your flight through Advantage Travel, we will get your itinerary directly from them. Please ensure that you purchase your flight before the visa deadline.

Because of uncertainties surrounding the COVID-19 pandemic, you may wish to consider purchasing flight insurance or a flexible flight option. These options should be available through the airline or travel agency where you book your flights.

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

Trip details: [Download to calendar](#)



Scan barcode for boarding pass

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: LH 2938	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: 4:45pm	Cabin: Coach
Meal: Dinner	Seat: 30C

Total travel cost
(1 passenger)

Fare	Adult
JFK to FLR	\$650
FLR to JFK	\$700
Taxes and fees	\$80
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
- France
- 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)





**Designation of Syracuse University Abroad as Representative for
Visa Application Process**

To the student: in order for Syracuse University Abroad to submit your student visa application to the Consulate on your behalf and retrieve your passport with visa from the Consulate, you must complete and sign the below authorization.

I, _____, hereby authorize Syracuse University Abroad staff as representatives of Syracuse University Abroad to submit the necessary student visa application forms, including my passport, to the Consulate on my behalf. I also authorize the representatives to receive my processed visa application materials, including my passport, on my behalf.

Signature of student

Cell phone or other contact information

Syracuse University Abroad · 303 University Place, Syracuse NY 13244 · 315-443-3471 · suabroad@syr.edu