# Italian Student Visa Packet

## Consulate General of Italy in Miami

This consulate is for students whose zip codes fall under the jurisdiction of the Consulate General of Italy in Miami. 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 October 7 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, October 7, 2022
- Main contact:
  - Courtney Eppel, Florence Visa Coordinator 315-443-9428, <u>syrflorence@syr.edu</u> or <u>cspencer@syr.edu</u>
- International students may apply through the Miami jurisdiction if your home school is in Florida, Georgia, South Carolina, Alabama, Mississippi, Puerto Rico, U.S. or British Virgin Islands, Cayman Islands, Turks & Caicos, Bahamas or the islands of Saba, St. Maarten and St. Eustatius. <u>Please submit a copy of your I-20 or Green Card with your other paperwork.</u> If you are on a F1-visa, make sure it is valid at least 3 months after your 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 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. <u>Please contact us if you are planning on staying for two semesters</u>.

## 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 <u>postmarked</u> by the deadline, sent in one package if possible. 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 <u>OrangeAbroad</u>
   <u>Portal</u>.
- Make copies of all documents for your records and reference.
  - Note: Especially keep a copy of the ID page of your passport.
- Mail applications through a courier service with tracking information (FedEx, UPS, USPS Priority).

## IMPORTANT: Please do <u>not</u>, 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
- $\hfill\square$  2. One official passport photo with your name written on back
- □ 3. **Notarized** photocopy of your driver's license or state ID
  - Non-U.S. citizens: a copy of your I-20 form and U.S. visa, or Green Card (both sides)
- $\Box$  4. Italian visa application form (with 3 signatures)
- □ 5. Official bank letter or statement and (if applicable) **notarized** affidavit of support
- □ 6. Pre-Paid shipping label (for us to ship your passport back to you)
- □ 7. Enrollment verification letter from your home university (non-SU students only)
- $\hfill\square$  8. Visa fee- money order made out to Consulate General of Italy in Miami
- □ 9. Copy of round-trip flight itinerary (**Note:** if you are traveling on the group flight, Syracuse Abroad will get this for you)
- $\Box$  10. 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 <u>Travel.State.Gov</u>.

## 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. Notarized Photocopy of Your Driver's License

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:

- Photocopy your driver's license or state ID onto the template on the following page.
  - \*DO NOT SIGN YET\*
- Take the sheet to a notary and have the document notarized (see note on page 3)
- Send the original to Syracuse 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 i	notary:
Signed before me on:	
Signature of the public notary:	
Seal of the public notary	
	ublic in and for said state, personally appeared this individual,
instrument and acknowledged to me that he/she exe	b be the individual whose name is subscribed to the within ecuted the same in her capacity, and that by her signature on the of which the individual, acted, executed the instrument.

## 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 7-10 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 25, 29 and 30 of your visa application.

#### Number of Days for Spring 23 (question 25)

Question 25: Program	Number of Days
SU Florence Center	
SU Florence Center: Studio Arts, Architecture, Engineering, Design	<mark>107 days</mark>
Signature Seminar (with any program above)	<mark>118 days</mark>
SU Florence Center & Intensive Language Program at University of Florence	<mark>113 days</mark>
SU Florence Center & Direct Enrollment at University of Florence	<mark>151 days</mark>

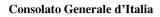
#### Program Dates for Spring 23 (questions 29 and 30)

Question 29: Program	Arrival Date
SU Florence Center & Intensive Language Program at University of	
Florence	Arrive 5 January, 2023
SU Florence Center	
SU Florence Center: Studio Arts, Architecture, Engineering, Design	Arrive 11 January,
SU Florence Center & Direct Enrollment at University of Florence	<mark>2023</mark>

Question 30: Program	Departure Date
SU Florence Center	
SU Florence Center: Studio Arts, Architecture, Engineering, Design	
SU Florence Center & Intensive Language Program at University of	
Florence	Depart 27 April, 2023
Signature Seminar	Depart 8 May, 2023
SU Florence Center & Direct Enrollment at University of Florence	Depart 10 June, 2023







#### Miami



1. Cognome /Surname (x)		г
LAST NAME (must match	passport)	<u></u>
	te/i)/Surname at birth (former family name(s)) (x)	Spazio riservato
LEAVE BLANK	(x)	all'amministrazione
3. Nome/i / First names (given name(s)) (x)		
FIRST and MIDDLE NAM	E (must match passport)	Data della domanda:
4. Data di nascita (giorno-mese-anno)	5. Luogo di nascita/Place of birth 7. Cittadinanza attuale/current nationality	Numero della domanda di
Date of birth (day/month/year	CITY and STATE of birth NATIONALITY (ex: USA, CHINESE)	visto:
DATE OF BIRTH- format:	Cittadinanza alla nascita, se diversa	
day/month/year (29/05/1991)	6. State di nascita /Country of birth Nationality at birth.if different	Domanda presentata presso:
8. Sesso /Sex:	9. Stato civile/.marital statusselect appropriate box	Ambasciata/Consolato
	Select appropriate box	Fornitore di servizi
Maschile/.Male	Non coniugato/a/.single Coniugato/a/Married	Intermediario
Femminie/.remaie	Separato/a /Separated Divorziato/a /Divorced	commerciale
select appropriate box	☐Vedovo/a /widow(er) ☐Altro (precisare) /Other (please, specify):	Altro
		Nome:
	e diverso da quello del richiedente) e cittadinanza del titolare della potestà urname, first name, address (if different from the applicant's) and nationality of	Nome.
parental authority/legal guardian		Responsabile della pratica:
	bile // national identity number, where applicable LEAVE BLANK	Nome di chi ha ricevuto la
		pratica allo sportello:
12. Tipo di documento/type of passport:	SELECT "ORDINARY PASSPORT"	
Passaporto ordinario /Ordinary passpo	rt 🔲 Passaporto diplomatico/ Diplomatic passport	Documenti giustificativi:
Passaporto di servizio / Service passpo		
Passaporto speciale / Special passport		Documento di viaggio
00 III	isare) /Other travel document (please, specify)	Invito
13. Numero del documento di 14. Data di		Mezzi di trasporto
	a issued date of expiration by	Assicurazione sanitaria di viaggio
PASSPORT NUMBER	e issued	Altro
17. Indirizzo del domicilio e indirizzo di		
Applicant's home address and e-mail addr Your PERMANENT ADDRES	ess	Decisione relativa al visto:
	di cittadinanza attuale / Residence in a country other than the country of current	- Rifiutato Rifiutato per
nationality Select "NO" unless applicabl		segnalazione SIS non
X NO	es, Residence permit or equivalent n	cancellabile.
19. Occupazione attuale / Current occupa	tionSTUDENT	Pratica Sospesa
	telefono. Per gli studenti nome e indirizzo dell'istituto di	Tipo di visto:
	dress and telephone number. For students, name and address of school E UNIVERSITY name and its ADDRESS	D
		   □Valido:
21. Scopo del viaggio /Main purpose(s) of the journey		dal
🔲 🗖 Ricongiungimento Familiare/Familiare :	al	
Motivi Religiosi/ Religious reasons	Numero di ingressi:	
Cure Mediche./ Medical reasons		
Lavoro autonomo /self-employment	☐ 2 ☐ Multipli	
	Di altro tipo / Other (please, specify)	L maruph

(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					
22. Città di destinazione/City of destination FLORENCE, ITALY 23. Eventuale Stato membro di primo ingresso/Member State of first entry (if applicable)					
	25. Durata del soggiorno. Indicare il numero dei giorni (max.				
	) / Duration of the intended stay (maximum 365 days)				
Display="block-state-stat					
$\mathbf{X}$ No Select "NO" unless you have another Schengen					
☐Sì. Data/e di validità / Yes, date of validity from	to				
27. Impronte digitali rilevate in precedenza ai fini della					
Fingerprints collected previously for the purpose of app	olying for a Schengen Visa.				
XNo. ☐ Sì/.Yes Data, se nota/ Date if known XNo. ☐ Sì/.Yes applicable	]				
(solo ove richiesto dalla normativa disciplinante il tipo d "Nulla Osta" ref. n for "Famil	ngimento Familiare/Familiare al Seguito/Lavoro Subordinato i visto richiesto)/ LEAVE ALL BLANK ly 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	r l'Immigrazione" of (specify the city)				
Valida dal/Valid from					
29. Data di arrivo prevista nell'area Schengen	30. Data di partenza prevista dall'area Schengen (solo				
Intended date of arrival in the Schengen area	per i visti aventi durata compresa tra i 91 ed i 364gg.)				
REFER TO DATES IN PACKET- MUST MATCH	Intended date of departure from the Schengen Area (only for visa of 91 days and up to 364 days)				
FLIGHT ITINERARY (day/ month/ year)	REFER TO DATES IN PACKET- MUST MATCH FLIGHT ITINERARY				
	ongiungimento o del datore di lavoro. Altrimenti, nel caso di				
	rt, Studio, Missione: indirizzo di recapito in Italia. Surname 7 reunion" or surname and name of the employer in Italy				
For Adoption, Religious reasons, Medical reasons, Spor	AVE BLANK				
For Adoption, Religious reasons, Medical reasons, Spor	, Study, mission, please give the address in Italy:				
Indirizzo e indirizzo di posta elettronica della o delle pers	sone Telefono e fax della o delle persone che chiedono il				
che chiedono il ricongiungimento o del datore di lavoro Address and email address of the person(s) who applied fo	ricongiungimento o del datore di lavoro /Telephone or fax number of the person(s) who applied for				
Family reunion or of the employer	Family reunion or of the employer				
LEAVE BLANK	LEAVE BLANK				
32. Nome e indirizzo dell'impresa/organizzazione che inv					
//Name and address of host company/organization	. Telephone and fax of the Company/ organization				
//Name and address of host company/organization SYRACUSE UNIVERSITY IN FLORENCE PIAZZA SAVONAROLA, 15 FLORENCE -50132 Cognome, nome, indirizzo, telefono, fax e indirizzo di po	. Telephone and fax of the Company/organization (39) 055-5031-31 PHONE (39) 055-5000-31 FAX sta elettronica della persona di contatto presso l'impresa/				
//Name and address of host company/organization SYRACUSE UNIVERSITY IN FLORENCE PH/ZZA SAVONAROLA, 155 FLORENCE 1-50132 Cognome, nome, indirizzo, telefono, fax e indirizzo di po organizzazione / Surname, first name, address, telephone, l	Telephone and fax of the Company/ organization     (39) 055-5031-31 PHONE     (39) 055-5000-31 FAX     sta elettronica della persona di contatto presso l'impresa/ fax and email address of contact person in				
//Name and address of host company/organization SYRACUSE UNIVERSITY IN FLORENCE PUZZA SAVONAROLA, 15, FLORENCE FLORENCE 1-50132 Cognome, nome, indirizzo, telefono, fax e indirizzo di po organizzazione / Surname, first name, address, telephone, I Company/organisation SASA PERUGINI- DIRECTOR S PIAZZA SAVONAROLA, 15, FL	. Telephone and fax of the Company/ organization         (39) 055-5031-31 PHONE         (39) 055-5000-31 FAX         sta elettronica della persona di contatto presso l'impresa/ fax and email address of contact person in         SU FLORENCE       PERUGINI@SYR.EDU         ORENCE I-50132				
//Name and address of host company/organization         SYRACUSE UNIVERSITY IN FLORENCE         FUZZA SAVONAROLA, 15         FLORENCE +50132         Cognome, nome, indirizzo, telefono, fax e indirizzo di po organizzazione / Surname, first name, address, telephone, lo         Company/organisation       SASA PERUGINI- DIRECTOR S PIAZZA SAVONAROLA, 15, FL         33. Le spese di viaggio e di soggiorno del richiedente son applicant's stay is covered by:       Check the following box	Telephone and fax of the Company/ organization         (39) 055-5031-31 PHONE         (39) 055-5000-31 FAX         sta elettronica della persona di contatto presso l'impresa/ fax and email address of contact person in         SU FLORENCE       PERUGINI@SYR.EDU         ORENCE I-50132         o a carico/ Cost of travelling and living during the es indicated and write in the following:				
//Name and address of host company/organization         SYRACUSE UNIVERSITY IN FLORENCE         PUAZZA SAVONAROLA, 15         FLORENCE I-50132         Cognome, nome, indirizzo, telefono, fax e indirizzo di po organizzazione / Surname, first name, address, telephone, Company/organisation         SASA PERUGINI- DIRECTOR S PIAZZA SAVONAROLA, 15, FL         33. Le spese di viaggio e di soggiorno del richiedente son	Telephone and fax of the Company/ organization         (39) 055-5031-31 PHONE         (39) 055-5000-31 FAX         osta elettronica della persona di contatto presso l'impresa/         fax and email address of contact person in         SU FLORENCE       PERUGINI@SYR.EDU         ORENCE I-50132         o a carico/ Cost of travelling and living during the         es indicated and write in the following:         X       del promotore(ospite, impresa, organizzazione),				
//Name and address of host company/organization         SYRACUSE UNVERSITY IN FLORENCE         PUZZA SAVONAROLA, 15         PLOZENCE + S0132         Cognome, nome, indirizzo, telefono, fax e indirizzo di po organizzazione / Surname, first name, address, telephone, I         Company/organisation         SASA PERUGINI- DIRECTOR e PIAZZA SAVONAROLA, 15, FL         33. Le spese di viaggio e di soggiorno del richiedente son applicant's stay is covered by:         Check the following box         X del richiedente/Myself	Telephone and fax of the Company/ organization         (39) 055-5031-31 PHONE         (39) 055-5000-31 FAX         osta elettronica della persona di contatto presso l'impresa/ fax and email address of contact person in         SU FLORENCE       PERUGINI@SYR.EDU         ORENCE I-50132         o a carico/ Cost of travelling and living during the es indicated and write in the following:				
//Name and address of host company/organization         SYRACUSE UNIVERSITY IN FLORENCE         FUZZA SAVONAROLA, 15         FLORENCE +50132         Cognome, nome, indirizzo, telefono, fax e indirizzo di po organizzazione / Surname, first name, address, telephone, lo         Company/organisation       SASA PERUGINI- DIRECTOR S PIAZZA SAVONAROLA, 15, FL         33. Le spese di viaggio e di soggiorno del richiedente son applicant's stay is covered by:       Check the following box	Telephone and fax of the Company/ organization         (39) 055-5031-31 PHONE         (39) 055-5000-31 FAX         osta elettronica della persona di contatto presso l'impresa/ fax and email address of contact person in         SU FLORENCE       PERUGINI@SYR.EDU         ORENCE I-50132         o a carico/Cost of travelling and living during the es indicated and write in the following:         X       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.				
//Name and address of host company/organization         SYRACUSE UNVERSITY IN FLORENCE         PAZZA SWOMAROLA, 15         FLORENCE - Sofiaz         Componer, nome, indirizzo, telefono, fax e indirizzo di poorganizzazione / Surname, first name, address, telephone, I         Company/organisation         SASA PERUGINI- DIRECTOR PIAZZA SAVONAROLA, 15, FL         33. Le spese di viaggio e di soggiorno del richiedente son applicant's stay is covered by:         Check the following box         X del richiedente/Myself         Mezzi di sussistenza/means of support         Contanti/cash	. Telephone and fax of the Company/ organization         (39) 055-5031-31 PHONE         (39) 055-5000-31 FAX         sta elettronica della persona di contatto presso l'impresa/         fax and email address of contact person in         SU FLORENCE       PERUGINI@SYR.EDU         ORENCE I-50132       0 a carico/ Cost of travelling and living during the         es indicated and write in the following:         X       del promotore(ospite, impresa, organizzazione), precisare/a sponsor(host,company,organisation),please specify         SYFACUSE UNIVERSITY				
//Name and address of host company/organization         SYRACUSE UNVERSITY IN FLORENCE         PUZZA SAVOHAROLA, 15         Cognome, nome, indirizzo, telefono, fax e indirizzo di po organizzazione / Surname, first name, address, telephone, I         Company/organisation         SASA PERUGINI- DIRECTOR : PIAZZA SAVONAROLA, 15, FL         33. Le spese di viaggio e di soggiorno del richiedente son applicant's stay is covered by: Check the following box         X del richiedente/Myself         Mezzi di sussistenza/means of support         Contanti/cash         Traveller's cheque	Telephone and fax of the Company/ organization         (39) 055-5031-31 PHONE         (39) 055-5000-31 FAX         osta elettronica della persona di contatto presso l'impresa/ fax and email address of contact person in         SU FLORENCE       PERUGINI@SYR.EDU         ORENCE I-50132         o a carico/Cost of travelling and living during the es indicated and write in the following:         X       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.				
//Name and address of host company/organization         SYRACUSE UNVERSITY IN FLORENCE         PHAZA SAVOLAROLA, 15         PLORENCE - Sofiaz         Cognome, nome, indirizzo, telefono, fax e indirizzo di poorganizzazione / Surname, first name, address, telephone, I         Company/organisation         SASA PERUGINI- DIRECTOR PHAZA SAVONAROLA, 15, FL         33. Le spese di viaggio e di soggiorno del richiedente son applicant's stay is covered by:         Check the following box         X del richiedente/Myself         Mezzi di sussistenza/means of support         Contanti/cash         Traveller's cheque         Carte di credito/credit card         Alloggio prepagato / prepaid accomodation	Telephone and fax of the Company/ organization         (39) 055-5031-31 PHONE         (39) 055-5000-31 FAX         osta elettronica della persona di contatto presso l'impresa/ fax and email address of contact person in         SU FLORENCE       PERUGINI@SYR.EDU         ORENCE I-50132         o a carico/Cost of travelling and living during the es indicated and write in the following:         X       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        altro(precisareOther (please, specify)				
//Name and address of host company/organization         SYRACUSE UNIVERSITY IN FLORENCE         FUAZZA SAVOHAROLA, 15         FLORENCE LSO132         Company/organisation         SASA PERUGINI- DIRECTOR 9         Organizzazione / Surname, first name, address, telephone, 1         Company/organisation         SASA PERUGINI- DIRECTOR 9         PIAZZA SAVONAROLA, 15, FL         33. Le spese di viaggio e di soggiorno del richiedente son applicant's stay is covered by: Check the following box         X       del richiedente/Myself         Mezzi di sussistenza/means of support         Contanti/cash         Traveller's cheque         X Carte di credito/credit card         Alloggio prepagato / prepaid accomodation         X Trasporto prepagato/prepaid transport	Telephone and fax of the Company/ organization         (39) 055-5031-31 PHONE         (39) 055-5000-31 FAX         sta elettronica della persona di contatto presso l'impresa/ fax and email address of contact person in         SU FLORENCE       PERUGINI@SYR.EDU         ORENCE I-50132       0 a carico/ Cost of travelling and living during the es indicated and write in the following:         X       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				
//Name and address of host company/organization         SYRACUSE UNVERSITY IN FLORENCE         PLAZA SAVOUARDOLA 15         PLOTENCE LSO132         Company/organisation         SASA PERUGINI- DIRECTOR 9         PLAZA SAVONAROLA, 15         2000         Company/organisation         SASA PERUGINI- DIRECTOR 9         PLAZA SAVONAROLA, 15, FL         33. Le spese di viagio e di soggiorno del richiedente son applicant's stay is covered by:         Check the following box         X del richiedente/Myself         Mezzi di sussistenza/means of support         Carte di credito/credit card         Alloggio prepagato / prepaid accomodation         X Trasporto prepagato/prepaid transport         Altro (precisare/Other)	Telephone and fax of the Company/ organization         (39) 055-5031-31 PHONE         (39) 055-5000-31 FAX         sata elettronica della persona di contatto presso l'impresa/ fax and email address of contact person in         SU FLORENCE       PERUGINI@SYR.EDU         ORENCE I-50132       0         a carico/Cost of travelling and living during the es indicated and write in the following:         X       del promotore(ospite, impresa, organizzazione), precisare/a sponsor/host_company.organisation),please specify [SYRACUSE UNVERSITY]         di cui alle caselle 31 o 32 / referred to in question n. 31 or 32         □altro(precisareOther (please, specify))         Mezzi di sussistenza/Menas of support         □ Contanti/cash				
//Xame and address of host company/organization         SYRACUSE UNIVERSITY IN FLORENCE         PLOZEA SAVOLAROLA, 15         PLOZENA 15         Company/organisation         SASA PERUGINI- DIRECTOR 1         PLAZEA SAVOLAROLA, 15         Company/organisation         SASA PERUGINI- DIRECTOR 2         PLAZEA SAVONAROLA, 15, FL         33. Le spese di viaggio e di soggiorno del richiedente son applicant's stay is covered by: Check the following box         X del richiedente/Myself         Mezzi di sussistenza/means of support         Contanti/cash         Traveller's cheque         X Carte di credito/credit card         Alloggio prepagato/ prepaid accomodation         X Trasporto prepagato/prepaid transport         Altro (precisare/Other)         INDICAZIONE NON NECESSARIA NEL CASO DI VIS	Telephone and fax of the Company/ organization         (39) 055-5031-31 PHONE         (39) 055-5000-31 FAX         sata elettronica della persona di contatto presso l'impresa/ fax and email address of contact person in         SU FLORENCE       PERUGINI@SYR.EDU         ORENCE I-50132       0         0 a carico/Cost of travelling and living during the es indicated and write in the following:         X       del promotore(ospite, impresa, organizzazione), precisare/a sponsor/host_company.organisation),please specify [SYRACUSE UNVERSITY]         di cui alle caselle 31 o 32 / referred to in question n. 31 or 32         altro(precisareOther (please, specify))         Mezzi di sussistenza/Menas of support         TO         X				
//Name and address of host company/organization         SYRACUSE UNIVERSITY IN FLORENCE         FUAZLS ASVOLAROLA, 15         Cognome, nome, indirizzo, telefono, fax e indirizzo di po organizzazione / Surname, first name, address, telephone, I         Company/organisation       SASA PERUGINI- DIRECTOR s PIAZZA SAVONAROLA, 15, FL         33. Le spese di viaggio e di soggiorno del richiedente son applicant's stay is covered by:       Check the following box         X del richiedente/Myself       Mezzi di sussistenza/means of support         Contanti/cash       Traveller's cheque         X Carte di credito/credit card       Alloggio prepagato / prepaid accomodation         X Trasporto prepagato/prepaid transport       Altro (precisare/Other)         INDICAZIONE NON NECESSARIA NEL CASO DI VIS PER:       Ricongiungimento Familiare, Familiare al Seguito, Lavore	Telephone and fax of the Company/ organization         (39) 055-5031-31 PHONE         (39) 055-5000-31 FAX         sta elettronica della persona di contatto presso l'impresa/ fax and email address of contact person in         SU FLORENCE       PERUGINI@SYR.EDU         ORENCE I-50132       0 a carico/ Cost of travelling and living during the es indicated and write in the following:         X       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         altro(precisareOther (please, specify)         Mezzi di sussistenza/Menas of support         TO       Contanti/cash         X       Alloggio fornito / Accomodation provided         Tutte le spese coperte durante il soggiorno/ All overses covered during the for for				
//Xame and address of host company/organization         SYRACUSE UNIVERSITY IN FLORENCE         PIAZZA SAVOHAROLA, 15         PLOTENCE LSO132         Cognome, nome, indirizzo, telefono, fax e indirizzo di po organizzazione / Surname, first name, address, telephone,         Company/organisation       SASA PERUGINI- DIRECTOR : PIAZZA SAVONAROLA, 15, FL         33. Le spese di viaggio e di soggiorno del richiedente son applicant's stay is covered by: Check the following box         X       del richiedente/Myself         Mezzi di sussistenza/means of support         Contanti/cash         Traveller's cheque         X       Carte di credito/credit card         Alloggio prepagato / prepaid accomodation         X       Trasporto prepagato/prepaid transport         Altro (precisare/Other)         INDICAZIONE NON NECESSARIA NEL CASO DI VIS PER:	Telephone and fax of the Company/ organization         (39) 055-5031-31 PHONE         (39) 055-5000-31 FAX         sata elettronica della persona di contatto presso l'impresa/ fax and email address of contact person in         SU FLORENCE       PERUGINI@SYR.EDU         ORENCE I-50132       0         o a carico/Cost of travelling and living during the es indicated and write in the following:         X       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         altro(precisareOther (please, specify))         Mezzi di sussistenza/Menas of support         TO         X       Alloggio fornito / Accomodation provided Tutte le spese coperte durante il soggiorno/ All expenses covered during the stay         Tasporto prepagato/prepaid transport				
//Name and address of host company/organization         SYRACUSE UNIVERSITY IN FLORENCE         FUZZA SAVONAROLA, 15         Cognome, nome, indirizzo, telefono, fax e indirizzo di poorganizzatione / Surname, first name, address, telephone, 1         Company/organisation         SASA PERUGINI- DIRECTOR s         PIAZZA SAVONAROLA, 15, FL         33. Le spese di viaggio e di soggiorno del richiedente son applicant's stay is covered by:         Check the following box:         X del richiedente/Myself         Mezzi di sussistenza/means of support         Contanti/cash         Trasporto prepagato / prepaid accomodation         X Tarsporto prepagato / prepaid transport         Alloggio prepagato / prepaid transport         Allog troe is revel/other)         INDICAZIONE NON NECESSARIA NEL CASO DI VIS         PER:         Ricongiungimento Familiare, Familiare al Seguito, Lavors         Subordinato/Autonomo, Missione, Diplomatico, Adozione         INFORMATION NOT NECESSARY IF APPLYING FOR T	Telephone and fax of the Company/ organization         (39) 055-5031-31 PHONE         (39) 055-5000-31 FAX         sta elettronica della persona di contatto presso l'impresa/ fax and email address of contact person in         SU FLORENCE       PERUGINI@SYR.EDU         ORENCE I-50132         o a carico/ Cost of travelling and living during the es indicated and write in the following:         X       del promoter(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         altro(precisareOther (please, specify)         Mezzi di sussistenza/Menas of support         Contanti/cash         X       Alloggio fornito / Accomodation provided         Trasporto prepagato/prepaid transport         Hus (unversione) (Other, (leason group)				
//Name and address of host company/organization         SYRACUSE UNVERSITY IN FLORENCE         PUZZA SAVONAROLA, 15         Cognome, nome, indirizzo, telefono, fax e indirizzo di po organizzazione / Surname, first name, address, telephone,         Company/organisation       SASA PERUGINI- DIRECTOR : PIAZZA SAVONAROLA, 15, FL         33. Le spese di viaggio e di soggiorno del richiedente son applicant's stay is covered by:       Check the following box         X       del richiedente/Myself         Mezzi di sussistenza/means of support       Contanti/cash         Traveller's cheque       Carte di credito/credit card         Alloggio prepagato / prepaid accomodation       Trasporto prepagato/prepaid transport         Allog (DAZIONE NON NECESSARIA NEL CASO DI VIS PER:       Ricongiungimento Familiare, Familiare al Seguito, Lavor Subordinato/Autonomo, Missione, Diplomatico, Adozione	Telephone and fax of the Company/ organization         (39) 055-5031-31 PHONE         (39) 055-5000-31 FAX         sta elettronica della persona di contatto presso l'impresa/ fax and email address of contact person in         SU FLORENCE       PERUGINI@SYR.EDU         ORENCE I-50132         o a carico/ Cost of travelling and living during the es indicated and write in the following:         X       del promoter(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         altro(precisareOther (please, specify)         Mezzi di sussistenza/Menas of support         Contanti/cash         X       Alloggio fornito / Accomodation provided         Trasporto prepagato/prepaid transport         Hus (unversione) (Other, (leason group)				

34. Dati anagrafici del familiare che è cittadino Ul	E, SEE o CH / Personal	data of the fami	ly member who is an EU, EEA		
or CH citizen ONLY IF APPLICABLE, fill in this section (34 and 35)					
	1				
Cognome /Surname		Nome/i / First	name(s)		
Data di nascita / Date of birth	Cittadinanza /natio	nality	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 C	_  CH / Family relationsh	in with an EU F	EA or CH citizen		
🗖 coniuge/spouse 🔄 figlio/a /son/daughter					
🔲 altri discendenti diretti/ other descendants	ascendente a c	arico / depender	it ascendant		
36. Luogo e data / Place and date		37 Firma (ne	r i minori, firma del titolare		
50. Euogo e data / Trace and date			genitoriale/tutore legale)/		
			minors, signature of parental		
		authority/lega	l guardian)		
n					
CITY, STATE, DATE of sig	gnature	STUDE	NT 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 STUDENT SIGNATURE

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 di asilo (ai fini della verifica dell'adempimento delle condizioni, i dati saranno anche accessibili alle autorità degli Stati membri e ompetenti ai fini dell'esame di una domanda di asilo. A determinate condizioni, i dati saranno anche accessibili alle autorità 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, submision 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

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 fulfill these conditions) to the Member States authorities competent for examining an asylum application. Under certain conditions the data will also be available to designated authorities of the Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences.

3

I am aware that I have the right to obtain the notification of the data relating to me recorded in the Visa Information System and to request that the data relating to me which is inaccurate be corrected and that the data relating to me unlawfully processed be deleted. At my express request, the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have it corrected or deleted, including the related appeal procedures according to the National Law. The competent authority in charge for personal data is "Garante per la protezione dei dati personali". I declare that to the best of my knowledge all the information supplied by me is correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution, under the National Law, with proceedings initiated by the Embassy/Consulate of Italy which deals with the application (Article 331 Penal Code). The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 5(1) of Regulation (EC) No 562/2006 (Schengen Borders Code) and Article 4 of the Decree no. 286/98 and I am therefore refused entry.

ANNOTAZIONI/NOTES (riservato all'Uffi	cio/ for office use only)
	•
Luogo e data / Place and date	Firma (per i minori, firma del titolare della potestà genitoriale/
	tutore legale) /Signature (for minors, signature of parental
	authority/legal guardian)

CITY, STATE, DATE of signature

refused entry.

STUDENT SIGNATURE

## 5. 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 <u>also</u> 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	01/01/2000
		\$8,000.00	

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



I,	al support)
born in	on
FORMALLY DECLA	ARE THAT
(1) The visa applicant:	rs on the passport)
born in	on
(City, Province, Country)	(d.o.b. – dd/mm/yyyy)
is my	
and intends to travel in Italy from(day-month-year)	to
(2) I have sufficient income and assets and I will pay f during his/her entire stay in Italy.	for all of the visa applicant's expenses
Please, find herewith enclosed, the required information financial situation (e.g. bank statement for the last three specifying monthly salary, and any other pertinent info	e months, recent letter from my employer

(Date)

(Signature)

(SIGNATURE AND SEAL OF THE NOTARY PUBLIC OR ITALIAN CONSULAR OFFICER)

The above signed statement must be submitted to the Italian Consulate in Miami in original along with a photocopy of valid photo ID (passport - photocopy main pages only) (art. 38 DPR 28.12.2000, N. 445) and relevant financial documentation.

## 6. 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. If you choose a USPS mailer, we recommend Priority Mail Express or the Express Overnight Mailer for fastest service.

#### Go to <u>www.ups.com</u>

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, <u>syrflorence@syr.edu</u> (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 2<sup>ND</sup> 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.

## 7. 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 <u>Courtney Eppel</u>.

## 8. Visa Fee- Money Order

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 Miami for the exact fee amount (fees change quarterly based on exchange rate; new fee info will be available October 1. **You will receive an email in early October with details**). Money orders can be purchased at your local post office or at some drugstores.

## 9. 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 September. 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.

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.

acuse Airways	Your Reservations	Syracuse Airways	<b>.</b>	Your Reservations
You're confirmed	r 02, 2014	FRA>JFK Frank Flight: \$42846 Depart: 3:00pm	furt to New York City (April 30,2015) Travel Time: 7h 45m Aircraft: 747	
Confirmation code: BDPQ7S8	Scan barcode for boarding pass	Arrive: 4:45pm Meal: Dinner	Cabin: Coach Seat: 30C	
Trip details: Download to calen	dar			
DEPART		Total travel co	ost	
Flight: SA3796 Depart: 11:00am	ity to Frankfurt (January 11, 2015) Travel Time: 7h 25m Aircraft: 747 Cabin: Coach	Fare JFK to FLR FLR to JFK	Adult \$650 \$700	
Arrive: 1:00pm Meal: Lunch	Cabin: Coach Seat: 25F	Taxes and fees Total	\$80 \$1,430	
2 hour layover FRA		Charged to Jenny C. Doe **********7328 (Visa)	You paid \$1,430	
FRA> FLR Frankfurt to Depart: 3:00pm Flight: LH 2938 Arrive: 6:17pm Meal:	Horence (January 11, 2015) Travel Time: 3h 17m Aircraft: 737 Cabin: Coach Seat: 17C			
RETURN				
FLR> FRA Florence to	Frankfurt (April 30, 2015)			
Flight: LH8473 Depart: 9:00am Arrive: 12:00pm Meal:	Travel Time: 3h O0m Aircraft: 737 Cabin: Coach Seat: 170			
3 hour layover FRA				

### 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.

- Countries Austria EU - Yes/Schengen - Yes Belgium EU - No/Schengen - Yes Czech Republic • EU - Yes/Schengen - No Denmark Estonia Finland . France . Germany • FINLAND Greece Hungary . ESTONIA Iceland (not EU) LATVIA Italy • LITHUANIA Latvia IRELAND UNITED KINGDOM BELARUS Liechtenstein (not EU) • NETHERLA Lithuania POLAND . GERMANY UKRA Luxembourg . BELGIUM CZECH REP. Malta SLOVAKIA . HUNGARY Netherlands . FRANCE ROMANIA Norway (not EU) . ITALY BOSNA Poland BULGARIA Portugal • PORTUGAL SPAIN Slovakia GREECE Slovenia Spain Sweden ALGERIA TUNISIA MALTA MOROCCO
- 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 · <u>suabroad@syr.edu</u>