

# Italian Student Visa Packet: Consulate General of Italy in Boston

### For Group Submission

Group submission allows a representative from Syracuse Abroad to collect the passports and application materials from our eligible students and submit them to the consulate for processing.

This consulate is for students whose zip codes fall under the jurisdiction of the Consulate General of Italy in Boston. Your assignment is based on your home or school address.

### 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 April 1 and the start of the Florence program, 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: Wednesday, April 24th, 2024
- Main contact:
  - Dylan Eldred, Florence Visa Coordinator 315-443-9428, <a href="mailto:syrright">syrright</a> syrflorence@syr.edu
- Non-U.S. citizens may apply through the Boston jurisdiction if your home school is in Massachusetts, Maine, New Hampshire, Rhode Island, or Vermont. Please 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 for at least 3 months after the Florence program ends.
- Students with European Union citizenship traveling with their EU passport do not need a visa. Please make sure your EU passport is valid for at least six months after the program end date.
- 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 U.S. 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.

### Rules for Submitting Your Italian Visa Application:

- Make sure your passport is signed in PEN!
- Respect the deadline.

All documents must be **postmarked** by the deadline, sent in one package if possible. If you miss the deadline, we cannot 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.
- Mail applications through a courier service with tracking information (FedEx, UPS, USPS Priority); UPS recommended.

# IMPORTANT: Please do <u>not</u>, under any circumstances, 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.

### Mail or bring completed visa documents to:

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

## Checklist of Required Visa Documents

These documents are mandatory, no exceptions can be made.

| The f | ollowing documents must be mailed or brought to                                                                                          | o Syracuse Abroad:                                                                                                                                       |  |
|-------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|       | ☐ 1. Official SIGNED passport (signed in pen)                                                                                            |                                                                                                                                                          |  |
|       | □ 2. One official recent passport photo (taken within the last 6 months), with your name written on back                                 |                                                                                                                                                          |  |
|       | <ul> <li>3. A copy of your driver's license or state ID</li> <li>Non-U.S. citizens: a copy of your I-20 form and (both sides)</li> </ul> | U.S. visa, or Green Card                                                                                                                                 |  |
|       | 4. Photocopy of University ID                                                                                                            |                                                                                                                                                          |  |
|       | 5. Italian visa application form (with 3 signatures)                                                                                     |                                                                                                                                                          |  |
|       | 6. Bank letter/Proof of financial means and (if applicable) <b>notarized</b> affidavit of support (see page 11 for details)              | Note: What is a Notary? You will notice at least one document                                                                                            |  |
|       | 7. An enrollment verification letter from your home university's registrar's office (non-SU students only)                               | requires notarization. A notary is a person authorized to perform legal formalities; in this case, authorization of a signature on an official document. |  |
|       | 8. Visa fee: money order payable to the Consulate<br>General of Italy in Boston                                                          | Consulate  This tells the consulate that it has been legally confirmed that YOU signed the document before him/her                                       |  |
|       | 9. Complete Passport Return Address Questionnaire in OrangeAbroad Portal                                                                 | You can find notaries at most banks.                                                                                                                     |  |
|       | 10. Copy of round-trip flight itinerary                                                                                                  |                                                                                                                                                          |  |
|       | 11. Designation form: Permission for Syracuse Abroad                                                                                     | to travel with your                                                                                                                                      |  |

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

passport

### 1. Your Official Passport

The consulate requires your official passport SIGNED (in pen) 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 six months 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. Copy of your Driver's License or State ID

Please make a copy of your Driver's License or State ID onto a blank sheet of paper and ensure the copy is clear and legible.

**Non-U.S. citizens**: Please make a copy of your green card (both sides), or I-20 and your U.S. visa. Your U.S. visa needs to be valid for at least 3 months beyond the end date of the study abroad program.



### 4. Photocopy of University ID

Your university ID card provides proof that you are a full-time student at an accredited university. Photocopy your university ID card onto a blank sheet of paper.



### 5. Visa Application Form

To find a copy of the blank application form, please <u>click here</u> or in your log into your <u>OrangeAbroad Portal</u>. Please fill out each page as they are 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. Electronic signatures will not be accepted.

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

#### Number of Days for Fall 2024 (question 25)

| Question 25: Program                                                      | Number of Days        |
|---------------------------------------------------------------------------|-----------------------|
| SU Florence Center                                                        |                       |
| SU Florence Center: Studio Arts, Architecture, Engineering, Design        |                       |
| SU Florence Center & Intensive Language Program at University of Florence |                       |
| SU Florence Center & Direct Enrollment at University of Florence (courses |                       |
| taught in Italian)                                                        | <mark>107 days</mark> |
| Signature Seminar                                                         | 118 days              |

Program Dates for Fall 2024 (questions 29 and 30)

If your arrival/departure dates differ from the program dates, please answer question 29 & 30 based on flight itinerary.

| Question 29: Program                                                      | Arrival Date           |
|---------------------------------------------------------------------------|------------------------|
| SU Florence Center & Intensive Language Program at University of Florence |                        |
| SU Florence Center                                                        |                        |
| SU Florence Center: Studio Arts, Architecture, Engineering, Design        |                        |
| SU Florence Center & Direct Enrollment at University of Florence (courses | Arrive September 4,    |
| taught in Italian)                                                        | 2024                   |
| Signature Seminar                                                         | Arrive August 24, 2024 |

| 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 |                     |
| SU Florence Center & Direct Enrollment at University of Florence (courses |                     |
| taught in Italian)                                                        | Depart December 19, |
| Signature Seminar                                                         | <mark>2024</mark>   |

REMEMBER: Complete this form electronically, then sign/date by hand after it is printed!





### Consulate General of Italy Boston



Application for National Visa (D)
This application form is free

| 1. Surname (s) (family name(s) ) (s)  LAST NAME (must match passport)                                                                                                               |                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| 2. Surname(s) at birth (former family name(s)) (x)  LEAVE BLANK                                                                                                                     | FOR EMBASSY<br>/CONSULATE USE ONLY                                                     |
| 3. First names (given names) (x) FIRST and MIDDLE NAME (must match passport)                                                                                                        | Date of application:                                                                   |
| 4. Date of birth (day-month-year)  5. Place of birth/                                                                                                                               | Visa application number:                                                               |
| DATE OF BIRTH- format: day/month/year (29/05/1991)  6. Country of birth/                                                                                                            | Application lodged at:                                                                 |
| 8. Scx/                                                                                                                                                                             | Embassy/Consulate   City hall CAC   Service provider   Commercial Intermediary   Other |
| Separated   Divorced   Widow/cr   Other (please specify)/                                                                                                                           | Name:                                                                                  |
| 10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian/                                       | File handled by:                                                                       |
| 11. National Identity number, where applicable/ LEAVE BLANK                                                                                                                         | Name of person who received file at window:                                            |
| 12. Type of travel document/ SELECT "ORDINARY PASSPORT"                                                                                                                             |                                                                                        |
|                                                                                                                                                                                     | Supporting documents:  Travel document  Means of substance  Invitation                 |
| 13. Number of travel document/                                                                                                                                                      | ☐ Means of transport ☐ Travel Health insurance ☐ Other                                 |
| 17. Applicant's home address and e-mail address  Telephone number (s)/                                                                                                              | Visa decision:                                                                         |
| Your PERMANENT ADDRESS and EMAIL ADDRESS  cell phone and home phone numbers                                                                                                         | Refused Refused for SIS non cancellable.                                               |
| 18. Residence in a country other than the country of current nationality/ Select "NO" unless applicable  No  Yes. Residence permit or equivalent/ No                                | Suspended File Issued                                                                  |
| 19. Current occupation/STUDENT                                                                                                                                                      | Type of visa:                                                                          |
| 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.  List vour HOME UNIVERSITY name and its ADDRESS              | □Valid:<br>from                                                                        |
| 21. Main Purpose(s) of the journey/                                                                                                                                                 | until                                                                                  |
| □ Family reunion/Visiting Family Select "STUDY" only                                                                                                                                | Number of entries:                                                                     |
| ☐ Religious     ☐ Sports     ☐ Business     ☐ Diplomatic       ☐ Medical treatment     ☑ Study     ☐ Adoption     ☐ Employment       ☐ Self employment     ☐ Other (please specify) | ☐ 1<br>☐ 2<br>☐ Multiplie                                                              |
|                                                                                                                                                                                     |                                                                                        |

(x) In fields from 1 to 3 information must be inserted as it appears on travel documents.

| 22. City of destination 23.                                     | State of first entry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| FLORENCE, ITALY                                                 | The second secon |  |  |  |
|                                                                 | untry of arrival (check your flight itinerary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
|                                                                 | of days (may 265 days)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| II I One/ I I I wo/   x   villinble/                            | or days (max. 505 days)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| P                                                               | LEASE REFER TO DATES IN PACKET (ex: 107 days)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| 26. Schengen visas issued during the past three years /         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| XNo/ Select "NO" unless you h                                   | ave another Schengen Visa in your passport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| Yes. Date(s) of validity / from/                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 27. Fingerprints taken previously for the purpose of appl       | ving for a Schengen visa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
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| XNo/ ☐ Yes/Date, if known/                                      | арриодого                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
| Tes/Date, il kilowii/                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|                                                                 | reunification/accompanying family/employment (only in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| case where required by legislation governing the type of be     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Issued by SUI of /                                              | and a second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
| Valid from/                                                     | 30. Intended date of departure from the Schengen area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| REFER TO DATES IN PACKET- MUST MATCH                            | (only for visas valid for stays of between 91-364 days)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| FLIGHT IT INERARY (day/ month/ year)                            | REFER TO DATES IN PACKET-MUST MATCH FLIGHT ITINERARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| 31. Surname and first name of the inviting person or empl       | over. If not applicable, in case of visa for Adoption                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| Religious reasons, Medical reasons, Sports, Study, Mission      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
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| LEAVE BLAI                                                      | VK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|                                                                 | 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| Address and e-mail address of inviting person(s) or             | Telephone and fax of inviting person(s) or employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| employer                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| LEAVE DI ANIK                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| LEAVE BLANK                                                     | LEAVE BLANK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
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| 32. Name and address of inviting company/organisation           | Telephone and fax of company/organisation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
| SYRACUSE UNIVERSITY IN FLORENCE<br>PIAZZA SAVONAROLA, 15        | (39) 055-5031-31 PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| FLORENCE I-50132                                                | (39) 055-5000-31 FAX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| Surname and first name, address, telephone, fax and e-ma        | il address of contact person in company/organisation/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| SASA PERUGINI- DIRECTOR SU FLORENCE PERUGINI@SYR.EDU            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| PIAZZA SAVONAROLA, 15, FLORENCE I-50132                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 33. Cost of travelling and living expenses is covered by /      | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| Check the following boxes indicated and write in the following: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| x by the applicant himself/herself/                             | x by sponsor (host, company, organisation),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
|                                                                 | specify/ SYRACUSE UNIVERSITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
|                                                                 | Referred to in field 31 or 32 /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Means of support/                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| [                                                               | other (please                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| Cash/ Traveller's cheques/                                      | specify)/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
| X Credit card/                                                  | Means of support/:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| Propaid transport/                                              | rr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| Prepaid transport/<br>  Other (please specify)/                 | ☐ Cash/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
|                                                                 | Accommodation provided                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| STATEMENT NOT NECESSARY FOR FOLLOWING<br>VISAS:                 | ☐ All expenses covered during the stay/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| Family reunion, Accompanying Family, Employment/Self-           | ☐ Prepaid transport/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| employed, Business, Diplomatic, Adoption.                       | ☐ Other (please specify)/():                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |

| ONLY IF APPLICABLE, fill in this section (34 and 35)  34. Personal data of the family member who is an EU, SEE or CH citizen /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
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| Surname /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | First name(s) /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
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| Date of birth / Nationality /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
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| 35. Family relationship with an EU, SEE or CH citizen/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
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| 36. Place and date /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 37. Signature (for minors, signature of parental authority/legal guardian)/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
| CITY, STATE, DATE of signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
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| I am aware that the visa fee is not refunded if the visa is refuse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STUDENT SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
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| I am aware of and consent to the collection of the data requir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | red by this application form and the taking of my photograph and, if applicable, the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | r the examination of the visa application. Any personal data concerning me which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | rints and my photograph, will be supplied to the relevant Italian authorities and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| appear on the visa application form, as well as my fingerp<br>processed by those authorities, for the purposes of a decision<br>Such data, as well as data concerning the decision taken on n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rints and my photograph, will be supplied to the relevant Italian authorities and on my visa application.  ny application or a decision whether to annul, revoke or extend a visa issued will be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
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| Place and date /               | Signatures (for minors, signature of parental authority/legal guardian)   |  |
|--------------------------------|---------------------------------------------------------------------------|--|
| Frace and date/                | signatures (for minors, signature or parental authority/legal guar trail) |  |
|                                | <i>I</i>                                                                  |  |
|                                |                                                                           |  |
| CITY STATE DATE of cignosturo  | CTUDENT CICNATUDE                                                         |  |
| CITY, STATE, DATE of signature | STUDENT SIGNATURE                                                         |  |
|                                |                                                                           |  |
|                                |                                                                           |  |
|                                |                                                                           |  |

### 6. Bank Letter/ Proof of Financial Means

The consulate requires proof that you have financial means to reside in Italy by presenting them with an original, signed bank letter from a U.S. bank or financial institution showing a minimum of \$30 per day abroad in a checking or savings account. 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 (amounts add up to approximately \$30 per day in Florence):

Semester students: approximately \$3,250

\*\*NOTE: Some programs vary in length. Please use the chart on page 6 to determine the length of your program and multiply the number of days by \$30. If you plan to stay in Europe beyond the semester end date, be sure to add these extra days into your calculation.

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

- YOU (the student) OR the specified person in support of the student is the account holder
- Amount must total at least \$30 per day abroad (see amount above)
- The specified funds are present in your account at the time the letter is generated

#### Guidelines for the bank letter:

- Letter(s) must reference U.S. checking or savings accounts only.
- Letter(s) must be original and look as official as possible:
  - O Copies, scans, and faxes are not accepted.
  - Letter(s) should be on the bank's original letterhead and have a signature of a representative if possible.
    - Note that some large national banks (such as Chase or Bank of America) may only provide an electronic Bank Letter and some do not provide signatures.
- Letter(s) must be dated as close to the visa deadline as possible.
- You may combine accounts from different institutions to reach your required amount.
- Bank statements are NOT accepted.

### United States Bank of Syracuse



123 Main Street Syracuse, NY 13210



April 15, 2024

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 Support**

| l,       |                                                                                |                                 |                           |
|----------|--------------------------------------------------------------------------------|---------------------------------|---------------------------|
|          | (person provi                                                                  | iding financial support)        |                           |
| born in  | in, on<br>(City, Province, Nation)(day/month/year)                             |                                 |                           |
|          | (City, Province, Nation)                                                       | (de                             | ay/month/year)            |
|          | formal                                                                         | ly declare that                 |                           |
| (1)      | the visa applicant                                                             |                                 |                           |
|          | (full name of app                                                              | licant as it appears on the app | licant's passport)        |
|          | born in                                                                        | on                              |                           |
|          | born in<br>(City, Province, Nation)                                            |                                 | (day/month/year)          |
| i        | is my                                                                          |                                 |                           |
|          | (Indicate family relationship – son )                                          | daughter/mother/father/v        | wife / husband)           |
|          | and intends to travel in Italy from _                                          | to                              |                           |
|          |                                                                                | (exact date of arrival)         | (exact date of departure) |
|          | I have sufficient income and assets a<br>expenses during his/her stay in Italy | <i>(</i> ;                      |                           |
|          | As part of my guarantee, I enclose v                                           | _                               |                           |
|          | required to demonstrate my profess<br>months' bank statements, a recent        |                                 |                           |
| :        | salary, and any other pertinent info                                           | rmation.                        |                           |
| Date: _  |                                                                                | Signature:                      |                           |
| Signatur | e and Seal of a Notary Public must be affixe                                   | d helawi                        |                           |
| [ga-car  | c and sear of a restary rabile mast be affine                                  |                                 |                           |

The above signed statement must be submitted to the Italian Consulate in Boston along with a photocopy of valid photo ID (passport – photocopy main pages only) (art. 38 D.P.R. 28.12.2000, N. 445).

### 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 state 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 our team.

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



### 9. Complete Address Questionnaire Orange Abroad Portal

Your passport will be mailed directly from our office back to you after the visa has been secured (the visa is attached to a page within your passport). You are required to provide Syracuse Abroad with the address where you would like your passport mailed back to. For most students this will be your permanent home address since your passport will be mailed back to you most likely during the summer.

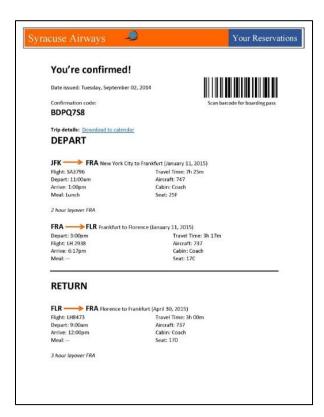
You will need to complete the Passport Return Address questionnaire in your <u>OrangeAbroad Portal</u> by the visa submission deadline (April 24, 2024) to inform us of the address that you would like your passport mailed to. Please be sure to accurately include all details of your address to ensure that your passport is mailed back to the correct location. We will then create a UPS label and provide you with the tracking number once your passport has been placed in the mail.

### 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 will be shared with you in early April. 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.





### What is the Schengen Area?

The Schengen Area includes the countries listed below. Your return flight at the end of the semester must show you departing from the Schengen Area.



### 11. Designation Form

Please print and sign this page and include it with your visa application documents. This form explains that you grant us permission to submit your visa application on your behalf and obtain your passport with the visa from the Consulate. This is for Syracuse Abroad internal use only and will not be submitted to the Consulate.



#### 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.                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| l,, 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                                                                                                                                                                                                                                                                                                           |