



Ambasciata d'Italia

This is a SAMPLE application. Your designated consulate application may differ in appearance, but the required information will be the same.

**Application form for National Visa (D)
Free application form**

PHOTO

DO NOT
ATTACH
PHOTO

1. Surname (Family Name) / (x) Last Name at Birth				<p style="text-align: center; color: blue; font-weight: bold;">Leave this section blank</p> <hr/> <p style="text-align: center;">For official use only</p> Date of application: Visa application number: Application lodged at: <input type="checkbox"/> Embassy/Consulate <input type="checkbox"/> Common application centre <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Other Name: File handled by: Name of the person who has received the file at the counter: Supporting documents: <input type="checkbox"/> Travel documents <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> Travel medical insurance <input type="checkbox"/> Other Visa Decision: <input type="checkbox"/> Refused <input type="checkbox"/> Refused for SIS alert not erasable <input type="checkbox"/> Pending file <input type="checkbox"/> Issued Type of visa: <input type="checkbox"/> D <input type="checkbox"/> Valid: from..... to..... Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple			
2. Surname at birth (Former family name/s) / (x) Last Name at Birth (if different from #1)							
3. First name(s) (Given name (s))/ (x) First and Middle Name							
4. Date of birth (day-month-year) <i>Note order: Day, Month, Year</i> Your Birthday		5. Place of birth City & State 6. Country of birth Country of Birth		7. Current nationality Nationality - ex: American/USA Nationality at birth, if different If you had other citizenship at birth			
8. Sex /: Check appropriate box <input type="checkbox"/> Male/..... <input type="checkbox"/> Female/.....		9. Marital status/.....: Check appropriate box <input type="checkbox"/> Single/..... <input type="checkbox"/> Married/..... <input type="checkbox"/> Separated/..... <input type="checkbox"/> Divorced/..... <input type="checkbox"/> Widow/ er/..... <input type="checkbox"/> Other (please specify)/					
10. In case of minors: surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian..... <p style="text-align: center; color: blue; font-weight: bold;">N/A - can leave blank</p>							
11. National identity number, where applicable/..... N/A - can leave blank							
12. Type of travel document/.....: Select "Ordinary Passport" <input checked="" type="checkbox"/> Ordinary passport/ <input type="checkbox"/> Diplomatic passport/ <input type="checkbox"/> Service passport/ <input type="checkbox"/> Official passport/ <input type="checkbox"/> Special passport/ .. <input type="checkbox"/> Other travel document (please specify)/							
13. Number of travel document / Passport Number		14. Date of issue Passport Date Issued		15. Valid until /..... Passport Expiration Date			
16. Issued by/..... Country of Issue: ex: USA							
17. Applicant's home address and e-mail address Your Home/Permanent Address & Email Address				Telephone number(s)/ Cell Phone Number & Home Phone Number (with country code)			
18. Residence in a country other than the country of current nationality / <input type="checkbox"/> No/ ... Check NO" unless applicable <input type="checkbox"/> Yes. Residence permit or equivalent/ n./ Valid until/							
19. Current occupation/ <p style="text-align: center; color: blue; font-weight: bold;">STUDENT</p>							
20. Employer and employer's address and telephone number. For students, name and address of educational establishment Loyola University Chicago 1032 W. Sheridan Road Phone number:773.274.3000 Chicago, IL 60660							
21. Purpose of the journey/ Check: "STUDY" box <input type="checkbox"/> Joining family member/Accompanying family member <input type="checkbox"/> Religious reasons/..... <input type="checkbox"/> Sport/..... <input type="checkbox"/> Mission/..... <input type="checkbox"/> Diplomatic/ <input type="checkbox"/> Medical reasons/..... <input checked="" type="checkbox"/> Study/..... <input type="checkbox"/> Adoption/ <input type="checkbox"/> Subordinate employment/ <input type="checkbox"/> Self-employment/ <input type="checkbox"/> Other (please specify)/.....							

(x) Fields 1-3 shall be filled in in accordance with the data in the travel document.

22. City of destination Rome	23. Eventual member State of first entry Italy
24. Number of entries requested/..... <input type="checkbox"/> Single entry/..... <input type="checkbox"/> Two entries/..... <input checked="" type="checkbox"/> Multiple entries/..... Check "Multiple"	25. Duration of the stay. Specify the number of days (max. 365 days) /..... 247 days
26. Schengen Visas issued during the past three years/..... <input checked="" type="checkbox"/> No/... Check "NO" unless you have another Schengen Visa in your passport <input type="checkbox"/> Yes. Date/s of validity /..... from/..... to /.....	
27. Fingerprints collected previously for the purpose of applying for a Schengen visa <input checked="" type="checkbox"/> No/... <input type="checkbox"/> Yes/... Date, if known/.....	
28. Number of authorization SUI issued to join family member/accompany family member/subordinate employment (only if required by the law regulating the type of visa required) /..... Issued by SUI of /..... N/A - can leave blank Valid from/..... to/.....	
29. Intended date of arrival in the Schengen area August 25th , 2019	30. Intended date of departure from the Schengen area (only for visa with duration included between 91 and 364 days) May 1st, 2020
31. Surname and first name of the inviting person who has required the joining or of the employer. Otherwise, in case of Visas for Adoption, Religious reasons, Medical treatment, Sport, Study, Mission: address in Italy: Loyola University Chicago, John Felice Rome Center, Via Massimi 114/A, 00136 Rome, ITALY	
Address and e-mail address of the inviting person (s) or of the employer Address: Via Massimi 114/A, 00136 Rome, ITALY E-mail: rome@luc.edu	Telephone number and telefax of the inviting person (s) or of the employer Telephone: (06) 355-881 Fax:(06) 355 88 352
32. Name and address of the inviting company/organization Loyola University Chicago, John Felice Rome Center Via Massimi 114/A, 00136 Rome, ITALY	Telephone number and telefax of the company/organization Telephone: (06) 355-881 Fax:(06) 355 88 352
Surname, first name, address, telephone , telefax and e-mail address of contact person of the company/ organization / Paula DeVoto Rome Center's Chicago Office, Loyola University Chicago, 1032 West Sheridan Road, Chicago IL 60660 773 508-2760 / 773 508-8797 / rome@luc.edu	
33. Costs of travelling and living during the applicant's stay is covered Check ALL boxes as indicated, below	
<input checked="" type="checkbox"/> by the applicant himself/herself Means of support/..... <input checked="" type="checkbox"/> Cash/..... <input type="checkbox"/> Traveller's cheque/..... <input checked="" type="checkbox"/> Credit cards/..... <input type="checkbox"/> Pre-paid accomodation/..... <input checked="" type="checkbox"/> Pre-paid transport/..... <input type="checkbox"/> Other (please specify)/..... UNNECESSARY INDICATION IN CASE OF THE FOLLOWING TYPES OF VISA: Joining or accompanying Family member, Subordinate or self employment/, Mission, Diplomatic, Adoption.	<input checked="" type="checkbox"/> by a sponsor (host, company, organization), please specify/..... <input type="checkbox"/> Referred to in field 31 or 32 /..... <input type="checkbox"/> other (please specify)/..... Means of support/..... <input type="checkbox"/> Cash/..... <input checked="" type="checkbox"/> Accomodation provided/..... <input type="checkbox"/> All the expenses covered during the stays/ <input type="checkbox"/> Pre-paid transport/..... <input type="checkbox"/> Other (please specify)/.....(.....):.....

