Consulate General of Italy – Los Angeles

National (D) visa application form
This form is free of charge

1. Surname (Family name)/ (x)	....
	For official use only
2. Surname at birth (Former family name(s)) / (x)	
	Data della domanda:
3. First name(s) / (x)	
	Numero della domanda di visto:

4. Date of birth (day-month-year)

5. Place of birth

6. Country of birth

7. Current nationality

Nationality at birth, if different

Numero della domanda di visto:

Domanda presentata presso:
- ☐ Ambasciata/Consolato
- ☐ Centro comune
- ☐ Fornitore di servizi
- ☐ Intermediario commerciale
- ☐ Altro

Nome:

8. Sex:
- ☐ Male
- ☐ Female.

9. Marital status:
- ☒ Single
- ☐ Separated
- ☐ Widow(er)
- ☐ Other (please specify)
- ☐ Married
- ☐ Divorced

10. For minors: surname, first name, address (if different from the applicant's) and nationality of parental authority/legal guardian: N/A

Responsabile della pratica:

11. National identity number, where applicable: N/A

Nome di chi ha ricevuto la pratica allo sportello:

12. Type of travel document:
- ☐ Ordinary passport
- ☐ Service passport.
- ☐ Special passport
- ☐ Other travel document (please specify):
- ☐ Diplomatic passport
- ☐ Official passport

Documenti giustificativi:
- ☐ Documento di viaggio
- ☐ Mezzi di sussistenza
- ☐ Invito
- ☐ Mezzi di trasporto
- ☐ Assicurazione sanitaria di viaggio
- ☐ Altro

13. Numer of travel document	14. Date of issue.(day-month-yr)	15. Valid until (day-month-yr)	16. Issued by

17. Appplicant's home address and e-mail address ....

Telephone number(s)

Decisione relativa al visto:
- ☐ Rifiutato
- ☐ Rifiutato per segnalazione SIS non cancellabile.
- ☐ Pratica Sospesa
- ☐ Rilasciato

18. Are you residing in a country other than the country of your current nationality:
- ☐ No
- ☐ Yes. Residence permit or equivalent:................ .... N............... Valid until ....

19. Current occupation STUDENT

Tipo di visto:
- ☐ D

20. Employer, employer's address and telephone number. For students, name and address of educational institution. LMU Loyola Marymount University 1 LMU Drive 310-338-2700 Los Angeles, CA 90045

☐ Valido:

dal ....

21. Purpose of travel:
- ☐ Joining family member/ Accompanying family member
- ☐ Religious activity
- ☐ Sport
- ☐ Mission
- ☐ Diplomatic
- ☐ Medical reasons
- ☒ Study
- ☐ Adoption
- ☐ Subordinate work
- ☐ Autonomous work
- ☐ Other (specify)/...............

al ....

Numero di ingressi:
- ☐ 1
- ☐ 2
- ☐ Multipli

(x) Provide the information as indicated in the travel document.

22. City of destination	23. Schengen country of first entry	
Florence, Italy		
24. Number of entries requested: ☐ One ☐ Two ☒ Multiple.	25. Duration of stay. Indicate the number of days (max. 365 days)	

26. Schengen visas issued in the past three years:
☒ None
☐ Yes. Date(s) of validity: from .... to.............................

27. Fingerprints previously taken for a Schengen visa application: ☒ No ☐ Yes. Indicate date if known:...

28. Number of the Nullaosta issued for a Joining family member visa/Accompanying family member visa/ Subordinate work visa (only when required by the regulations governing the type of visa requested).................
Issued by the SUI of the city of .... Valid from ....until...................

29. Intended date of arrival in the Schengen area	30. Intended date of departure from the Schengen area (only for visas valid from 91days to 364 days)

31. **Name of the person who requested the family reunion visa, or the name of the employer. Indicate your address in Italy, if it is visa for Adoption, Religious Activities, Medical Reasons, Sport, Study, Mission.**

Dr. Jason Houston, Director Gonzaga-in-Florence
Via Giorgio La Pira N'1B Firenze, Italy 50121

Address and e-mail address of the person(s) who requested the family reunion visa, or the name of the employer. Same as above #31 houston@gonzaga.edu	Telephone number and fax number of the person(s) who requested the family reunion visa, or the name of the employer. 055 215 224 : Tel
32. Name and address of the inviting company/ organization. Same as above #31	Telephone number and fax number of the company/ organization.. Same as above #31

Name, address, telephone number, fax number and e-mail address of the contact person of the company/ organization.

Same as above #31

33. **The applicant's expenses for travel and stay are the responsibility of:**

☐ the applicant. Means of support: ☐ Cash ☐ Traveller's cheques ☐ Credit cards ☐ Prepaid accomodation ☐ Prepaid transportation ☐ Other (specify)............................. INFORMATION NOT NECESSARY FOR THE FOLLOWING VISAS: Joining Family Member, Accompanying Family Member, Subordinate Work,Autonomous Work, Mission, Diplomatic, Adoption.	☐ of the sponsor (host, company, organization), specify:... .... referred to in field n. 31 or 32. ☐ other (specify).......................:................... Means of support: ☐ Cash ☐ Accommodation provided ☐ All expenses covered during the stay.. ☐ Prepaid transportation ☐ Other (specify) ....

34. Personal data of the family member who is a citizen of the EU, EEA or CH:

Surname (family name).		First name(s)	
Date of birth	Nationality		Number of travel document or ID card

35. Family relationship with a EU, EEA or CH citizen:
- ☐ spouse
- ☐ son/daughter
- ☐ other direct ascendant –grandchild
- ☐ dependent ascendant

36. Place Date	37. Signature (Signature of parent or legal guardian if applicant is a minor)

....

....

I am aware that the handling visa fee is not refunded if the visa is refused.

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

Such data, as well data concerning the decision taken on my application or a decision whether to annul or revoke an issued visa will be entered into and stored in the visa information system of the Italian Embassy/Consulate and of the Italian Ministry of Foreign Affaire.

Such data will be accessible to the national authorities responsible for visas. Furthermore, such data will be accessible to the Schengen authorities competent for carrying out checks on visas at external borders, to the immigration and asylum authorities of the Member States (for the purpose of verifying whether the conditions for the legal entry into, the stay and residence on the territory of the Member States are fulfilled, of identifying persons who do not or no longer fulfil these conditions), to the authorities of the Member States responsible for examining of an asylum application. Under certain conditions the data will also be available to designated authorities of the Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and other serious criminal offences.

I am aware that I have the right to obtain notification of the data relating to me recorded in the visa information system, and the right to request that inaccurate data relating to me be corrected and that data relating to me processed unlawfully be deleted. At myrequest, the authority examining my application will inform me of the manner in which I may exercise my right to verify my personal data, and have them corrected or deleted, including the related remedies according to the national legislation. The responsible national authority is the "Garante per la Protezione dei Dati Personali".

I declare that all the data provided by me are complete and correct. I am aware that false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of the Italian Representative (article 331 c.p.p.).

The mere fact that a visa has been granted does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 5, paragraph 1 of Regulation EU n. 562/2006 (Schengen Borders Code) and of Article 4 of Italian Law 286/98 and for said reasons I will be refused entry.

ANNOTAZIONI (riservato all'Ufficio)

....
....
....
....
....
....
....
....
....
....
....
....
....
....
....
....
....
....
....
....

Place	Signature
	(Signature of parent or legal guardian if applicant is a minor)
Date	