



PHOTOGRAPH

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

1. Surname (Family name)/ (x)				
2. Surname at birth (Former fa	nmily name(s)) / (x)			For official use only
3. First name(s) / (x)				Data della domanda:
4. Date of birth (day-month-yea	ar) 5. Place of birth	7. Cu	rrent nationality	Numero della domanda di visto:
	6. Country of birth	h Nat	tionality at birth, if different	Domanda presentata presso:
8. Sex: 9. Marital status Single Female. Separated Widow(er) Other (please		☐ Married ☐ Divorced		☐ Ambasciata/Consolato ☐ Centro comune ☐ Fornitore di.servizi ☐ Intermediario commerciale ☐ Altro — Nome:
10. For minors: surname, first authority/legal guardian:	name, address (if different from	m the applicant's) and na	tionality of parental	Responsabile della pratica:
11. National identity number, v				Nome di chi ha ricevuto la pratica allo sportello:
12. Type of travel document: Ordinary passport				Documenti giustificativi: ☐ Documento di viaggio ☐ Mezzi di sussistenza ☐ Invito ☐ Mezzi di trasporto ☐ Assicurazione sanitaria — di viaggio ☐ Altro
17. Appplicant's home address	and e-mail address	Tek	ephone number(s)	Decisione relativa al visto: ∏ Rifiutato ∏ Rifiutato per segnalazione SIS non cancellabile.
18. Are you residing in a countr nationality: ☐N o ☐Yes. Residence permit or equiv			Valid until	☐ Pratica Sospesa ☐ Rilasciato
19. Current occupation	Student			Tipo di visto:
20. Employer, employer's addre Loyola Marymount 1 LMU Drive Los Angeles, CA 90	t University (LMU)	r students, name and add (310) 338-27		── □ Valido: dal

21. Purpose of travel:						
☐Joining family member/ Acc	oomnonving fomily m	ombor			al	••••••
Religious activity	companying ramny in □Sport	ember ☐Missio	'n	□ Diplomatic	Numer	o di ingressi:
Medical reasons	∑ Study	Adopt		☐ Subordinate work	□1	
Autonomous work	Other (specify)/			Suborumate work		14:1 :
(x) Provide the information a					<u> </u>	ири
22. City of destination	s maicalea in the trav		hengen country	v of first entry		
Florence, Italy				,,		
Fiorence, Italy						
24. Number of entries reque	ested:			Indicate the number of days		
☐ One ☐ T wo	Multiple.	(n	nax. 365 days)	00 1		
	_			98 days		
26. Schengen visas issued in	the past three years:					
No ne						
Yes. Date(s) of validity:						
27. Fingerprints previously	taken for a Schenger	ı visa applica	tion:			
X No ☐ Yes. Indicate date	e if known:			•••••		
			• "			
28. Number of the Nullaosta Subordinate work visa (only	a issued for a Joining v when required by t	family memb he regulation	oer visa/Accom s governing the	panying family member visa/ e type of visa requested)	N/A	
Issued by the SUI of the city	y of		Valid from	N/A until N/A		
29. Intended date of arrival	in the Schengen area	ı		late of departure from the Scher	ngen area	
04 September 2	022			valid from 91days to 364 days)		
			10	December 2022		
				of the employer. Indicate your a	ddress in	
Italy, if it is visa for Adoption				Study, Mission.		
Dr. Jason Housto Via Giorgio La P		ga in Fiore	nce			
50121 Firenze, I						
Address and e-mail address		roguested	Tolophone nu	mber and fax number of the pe	rcon(s)	
the family reunion visa, or t	• '	•		the family reunion visa, or the		
same as above #31	- I		the employer.	•		
houston@gonzaga			Tel: 39 (055 215 226		
nouston@gonzaga	ı.cuu		Fax: 39 055 295 921			
22 Name and address of the	o inviting company/		Tolonhono nu	when and for number of the con	nnonv/	
32. Name and address of the organization.			Telephone number and fax number of the company/ organization		прапу/	
same as	above #31		same as above #31			
Name, address, telephone no organization.	umber, fax number a	ınd e-mail ad	dress of the con	ntact person of the company/		
same as	above #31					
33. The applicant's expense	s for travel and stay	are the respo	nsibility of:			
the applicant.			_	nsor (host, company, organizatio		
Means of support:				o in field n. 31 or 32.		
☐ Cash ☐ Traveller's cheques				: r)		
Credit cards			otner (spec	ify)		
☐ Prepaid accomodation ☐ Prepaid transportation Means of support:						
Prepaid transportation Me			Means of supp	port:		
			_	dation provided		
INFORMATION NOT NECESSARY FOR THE			All expenses covered during the stay			
FOLLOWING VISAS: Joining Family Member, Accompanying Family Member, Other (creatify)			•			
Subordinate Work, Autonomous Work, Mission, Diplomatic,						
Adoption.						

34. Personal data of the family member	who is a citizent of the	e 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 ☐ spouse ☐ other direct ascendant –grandchild	or CH citizen: Son/daughte			
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 vis	a 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.

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The undersigned declares that he/she has read the privacy statement concerning the issuance of visas, in accordance with the General Data Protection Regulation (EU) 2016/679.

Place	Los Angeles, CA	Signature (Signature of parent or legal guardian if applicant is a minor)
Date	20 April November 2022	