

SAI APPLICATION INSTRUCTIONS FOR THE NATIONAL VISA
SAN FRANCISCO CONSULATE

1. Surname (family name) **Your Last Name**
2. Surname(s) at birth: **Maiden Name if applicable or leave blank**
3. First names (given name): **First and Middle Name**
4. Date of birth (**day-month-year**)
5. Place of birth: **City and State of birth**
6. Country of birth: **Country of birth**
7. Current nationality/ies: **U.S. and/or other nationality**
Original Nationality at birth if different: **U.S. and/or other nationality**
8. Sex: Check either **male** or **female**
9. Marital status: Check **your** marital status
10. In the cast of minors: Surname, first name, address, and nationality of legal guardian:
11. Identity number: **Leave blank**
12. Type of travel document: **Check Ordinary Passport**
13. Number of travel document: **Write your passport number**
14. Date of issue: List **day-month-year** passport was **issued**
15. Valid until: List **day-month-year** passport is **valid until**
16. Issued by: **List the place where your passport was issued, which is stated under Authority on your passport**
17. Applicant's permanent home address, e-mail address, and telephone number
18. Residence in the country other than the country of current nationality: **Answer no unless you are currently living in a country other than your home country.**
19. Current occupation: **Student**
20. Employer and employers address and telephone number. For students, name and address of school: **List US school you are currently enrolled in and the complete address**
21. Main purpose of the journey: **Circle Study**
22. City of destination: **(City), Italy, (Location of program)**
23. State of first entry: **Write the city and country your flight first lands after departing the US**

24. Number of entries requested: Circle **Multiple**

25. Duration of the stay: **List the number of days of the term. Count ONLY the number of days of the program from Housing Check In until Housing Check Out. (EVEN IF YOU ARE ARRIVING A FEW DAYS BEFORE OR LEAVING A FEW DAYS AFTER THE PROGRAM)** For 2 semesters count from Housing Check In of the first term until Housing Check Out of the second term.

26. Schengen visas issued during the past three years: The Schengen area includes: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Italy, Luxemburg, The Netherlands, Norway, Portugal, Spain, and Sweden. **List other visas obtained otherwise, answer No**

27. Fingerprints collected previously for the purpose of applying for a Schengen visa: **Circle no unless this applies to you**

28. **This does not pertain to you. Write N/A**

29. Intended date of arrival: **Actual date you will arrive.**

30. Intended date of departure: **Actual date you will depart.**

Use the information below for 31 & 32

Domus Academy: Via Darwin 20, 20143 Milano, Italy, Telephone: 02 4241 4001
ben@saiprograms.com - Ben Strevens

Florence University of the Arts: Corso Tintori 21, 50122 Florence, Italy
Telephone: 055 246 9016 Fax: 055 247 6234 info@fua.it Jamie Ronsheimer

John Cabot University: Via Della Lungara 233, 00165 Rome,
Italy, Telephone: 06 681 9121 Fax: 06 683 2088
admissions@johncabot.edu Micaela Kliegl

Istituto Marangoni: Via Pietro Verri, 4 20121 Milan, Italy Telephone 02 39296500
milano@istitutomarangoni.com - Micaela Kliegl

NABA School of Art and Design: Via C. Darwin 20, 20143 Milan, Italy
Telephone: 02 973 721 info@naba.it - Micaela Kliegl

Polimoda: Via Curtatone, 1, 50123 Florence, Italy,
Telephone: 055 275 0627 ben@saiprograms.com - Ben Strevens

Sant'Anna Institute - Sorrento Lingue: Via Marina Grande, 16, 80067 Sorrento, Italy
Telephone: 081 807 5599 Fax: 081 532 4140 info@sorrentolingue.it
Micaela Kliegl

Siena Italian Studies: Via Fontebrands, 95 53100 Siena, Italy,
Telephone and Fax: 0577 22 6977 info@sienaitalianstudies.com - Jamie Ronsheimer

Universita Cattolica del Sacro Cuore: Largo A. Gemelli, 1 20123 Milan, Italy
Telephone: 02-7234.5801 international.inquire@unicatt.it - Micaela Kliegl

31. Write the address of the Italian school then write N/A in the 2 boxes below.

32. Name and address of inviting company/organization: Put name and address of your Italian school in one box, then telephone and fax (if available), in the box next to it.

In the box below #32 write your SAI admissions counselor's name, and Italian school's address, telephone, fax (if available), and email.

33. Cost of travelling and living during the applicant's stay is covered by:
If someone other than you is submitting their financial information write their name after the word "by" then write "See Affidavit of Support and Bank Letter/Statement"

If you are submitting your own financial information check the box "Myself" and then write "See Bank Letter/Statement"

Means of support:

Check all appropriate answers such as cash, credit card, prepaid accommodation, prepaid transportation.

(Disregard the box on the right)

34 - 35. Family members and family relationships with EU, EEA, or CH citizen: **Write N/A If you are an EU Citizen please contact our office**

36. Place and Date where you will be signing your application

37. Signature: To be signed in front of the Consular Officer

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Place and Date where you will be signing. You will sign in front of a Consular Officer