

How to Book a Visa Appointment

Go to <https://prenotami.esteri.it/>

The screenshot shows the top navigation bar of the Prenot@mi website. It includes the Italian coat of arms, the Prenot@mi logo with the text 'Ministero degli Affari Esteri e della Cooperazione Internazionale', and social media icons for Facebook, Twitter, YouTube, and Instagram. Below the navigation bar is a banner image featuring a globe and the Farnesina logo. The main content area is divided into two sections: 'Access' and 'Register Your Account'. The 'Access' section contains input fields for 'Email' and 'Password', with links for 'Forgotten Password?' and 'Resend activation email', and a blue 'FORWARD' button. The 'Register Your Account' section includes a text description, a blue 'REGISTER YOUR ACCOUNT' button, and a link for 'Terms and Conditions'.

Access

Email

Password

[Forgotten Password?](#)

[Resend activation email](#)

FORWARD

Register Your Account

If you have not registered your account yet, by clicking on Register Your Account you can complete the registration form to access the portal.

REGISTER YOUR ACCOUNT

[Terms and Conditions](#)

Create an account and complete the registration form. On the registration form, it will ask you to select the consulate. Select the consulate where you will be applying for your visa at.

1. click on REGISTRATION
2. immediately enter the OTP that arrives in the indicated email. If you do not receive EMAIL OTP(One Time Password):
 - if you do not receive the confirmation email, please first check the SPAM/Junk Mail section of your email box
 - check that the e-mail address indicated is the correct one, because the REGISTRATION CONFIRMATION e-mail will be sent to this address

Select Book.

Select Book under the Visa Type for National Visas

Type	Service	Description	Booking	Link
VISAS	Nationals	Appointments to apply for SCHENGEN or NATIONAL VISAS	BOOK	Link 1

Select Individual Booking, check Privacy Policy box then select forward.

Booking Type

Individual booking

Notes for the Embassy/Consulate

Privacy Policy

☒ I have read and accept the [Privacy Policy](#)

BACK TO LIST

FORWARD

Choose an available date from the booking calendar then select available appointment time.

Select an available date and time slot

<	febbraio 2025						>
lu	ma	me	gi	ve	sa	do	
27	28	29	30	31	1	2	
3	4	5	6	7	8	9	
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	1	2	
3	4	5	6	7	8	9	

● 09:30 - 09:45
(2)

● 10:00 - 10:15
(2)

● 10:30 - 10:45
(3)

You will then receive a booking confirmation

[Home](#)[My appointments](#)[Book](#)[My profile](#)[Change Embassy/Consulate](#)[Disconnect](#)

Appointment Detail *

Booking Details

CONSOLATO GENERALE D'ITALIA A CHICAGO, STATI UNITI D'AMERICA

Consular service : Nationals

Service provided : Appointments to apply for SCHENGEN or NATIONAL VISAS

Booking Code : CONCHIC-20250120-739295

Booking Type : Individual booking

Date : 03 February 2025

Time : 10:40



Please print the page and take with you to your appointment. IMPORTANT: Appointments must be confirmed 10-3 days before the appointment is set to occur. You must log back into the prenotami system and navigate to "My Bookings" to confirm your appointment. You should not rely on the system to send a reminder email for this, you will need to set your own reminder to log in and confirm your appointment. Otherwise, you will lose your appointment.

Instructions for Completing a Visa Application

Question on Visa Application:	Your Answer:	API Example:
1. Surname (Family Name)	Your last name	Smith
2. Surname at birth (Former family name(s))	Maiden name or last name at birth	Smith
3. First name(s)	First and middle name	Caitlin Ann
4. Date of birth (day-month-year)	Your birth date (day-month-year)	01/10/1993
5. Place of Birth	City and State	Austin, TX
6. Country of birth	Country of birth	United States
7. Current nationality...	Your nationality	USA
8. Sex	Your sex	Female
9. Marital Status	Your marital status	Single
10. In the case of minors...	If you're under 18 list your guardian	N/A
11. National identity number	Your social security number	444-55-6666
12. Type of passport	Check "Ordinary Passport"	"Ordinary Passport"
13. Number of travel document	Your passport number	123456789
14. Date of issue	Your passport's issue date	25/03/2005
15. Valid until	Your passport's valid until date	24/03/2015
16. Issued by	Agency that issued your passport	U.S. Department of State
17. Applicant's home address & email – Telephone number	Your home address, email and telephone	123 Main St Austin, TX 78746 kasmith@gmail.com 111-222-3333
18. Residence in a country...	Select applicable answer	No
19. Current occupation	List occupation	Student
20. Employer and employer's address and telephone #	Employer's/School's name, address and telephone # <small>(Your home university)</small>	XYZ University; 1 University St Austin, TX 78701; 555-333-3535
21. Main purpose of the journey	Check "Study"	"Study"
22. City of destination	Program Site City	Florence
23. Member State of 1 st entry	1st E.U. country you will fly into	Germany
24. Number of entries requested	Check "Multiple"	"Multiple"
25. Duration of intended stay	Number of days in your program	111
26. Schengen visa issued...	Select applicable answer	No
27. Fingerprints collected...	Select applicable answer	No
28. Family Reunion Visa...	N/A	N/A
29. Intended date of arrival	Enter program's start date – even if you plan to travel before program	26/01/2015
30. Intended date of departure	Enter program's end date – even if you plan to travel after program	13/05/2015
31. Surname and first name of...	"N/A – See #32"	N/A – See #32

32. Name and address of inviting company	<p><u>Florence and Milan:</u> API Florence Via Cavour, 34 50129 Firenze Italy</p> <p><u>Rome:</u> API Rome Piazza Della Scala, 50 int. 4 00153 Roma Italy</p> <p><u>Tuscania:</u> API Tuscania Largo Maria Moretti Vignoli 01017 Tuscania (VT), Italy</p>	<p>API Florence Via Cavour, 34 50129 Firenze Italy</p>
32 Part Two. Telephone and fax number...	<p><u>Florence and Milan:</u> 011-39-055-294-446 (the API Florence office number does have one less number than the other offices) 011-39-055-527-0288</p> <p><u>Rome:</u> 011-39-069-838-6339 011-39-066-220-2132</p> <p><u>Tuscania:</u> 011-39-331-570-8712 No telefax number</p>	<p>011-39-055-294-446 011-39-055-527-0288</p>
32 Part Three. Surname, first name, address, telephone, telefax, and email address of contact person in company/organization	<p><u>Florence and Milan:</u> Valentina Scalini valentina.scalini@apiabroad.com</p> <p><u>Rome:</u> Alessio Balduini (contact info above) api@apiabroad.com</p> <p><u>Tuscania:</u> Matteo Berni (contact info above) api@apiabroad.com</p>	<p>Valentina Scalini valentina.scalini@apiabroad.com</p>
33. Cost of travel and living...	<p>Select both boxes (myself and a sponsor). Under “Myself” select your own means of support. Under “Sponsor” write “API” and select “Accommodation provided” and “Other (please specify): Tuition”</p>	<p>Please refer to “Sample Visa Application Form” on previous pages for example</p>

34. Personal data of the family member who is an EU...	Fill in if applicable	N/A
35. Family relationship with an EU, EEA, or CH citizen	Fill in if applicable	N/A
36. Place and Date	Fill in if you have family in E.U. and boxes #34 & #35 are complete	N/A
37. Signature	Fill in if you have family in E.U. and boxes #34 & #35 are complete	N/A
[3 rd page] I am aware that the visa fee is not refunded if the visa is refused.	Sign in front the of the consulate official	You will complete this section in front of the consular official on the date of your appointment
[4th Page] Place and Date	Fill in where/when the form was signed in front of the consulate official if going in person.	You will complete this section in front of the consular official on the date of your appointment
[4th Page] Signature	Sign application in front of the consulate official.	You will complete this section in front of the consular official on the date of your appointment.



Consulate General of Italy
Boston

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

Photo

1. Surname (s) (family name(s)) (x) Smith				FOR EMBASSY /CONSULATE USE ONLY	
2. Surname(s) at birth (former family name(s)) (x) Smith					
3. First names (given names) (x) Caitlin Ann (If you have a middle name reflected in your passport, you MUST reflect that here for this answer)					
4. Date of birth (day-month-year) 01/10/1993 (The above date is in the European format. Please make sure to reflect the same format above)		5. Place of birth/..... Austin,TX		7. Current nationality USA	
		6. Country of birth/ ... United States		Nationality at birth, if different: USA	
8. Sex/..... <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		9. Marital status/..... <input checked="" 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 the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/ legal guardian/..... N/A					
11. National Identity number, where applicable/..... Social Security # should be reflected here					
12. Type of travel document/..... <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/ 123456789 (Your Passport #)		14. Date of issue... 25/03/2005 (European format)		15. Valid until..... 24/03/2015 ... (European format)	
				16. Issued by... US Dept of State	
17. Applicant's home address and e-mail address ... 123 Main St. Austin, TX. 78746; abc123@me.com				Telephone number (s)/... 111-222-3333	
18. Residence in a country other than the country of current nationality/..... <input checked="" type="checkbox"/> No Mark "No" unless you are residing in a country other than your current country <input type="checkbox"/> Yes. Residence permit or equivalent/ No..... Valid until/.....					
19. Current occupation/..... Student					
20. Employer and employer's address and telephone number. For students, name and address of educational establishment. XYZ University, 1 University St. Austin, TX. 78701; 111-222-3333					
21. Main Purpose(s) of the journey/..... <input type="checkbox"/> Family reunion/Visiting Family <input type="checkbox"/> Sports <input type="checkbox"/> Business <input type="checkbox"/> Diplomatic <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Study <input type="checkbox"/> Adoption <input type="checkbox"/> Employment <input type="checkbox"/> Medical treatment <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Self employment					
Date of application:					
Visa application number:					
Application lodged at: <input type="checkbox"/> Embassy/Consulate <input type="checkbox"/> City hall CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial Intermediary <input type="checkbox"/> Other					
Name:					
File handled by:					
Name of person who received file at window:					
Supporting documents: <input type="checkbox"/> Travel document <input type="checkbox"/> Means of substance <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> Travel Health insurance <input type="checkbox"/> Other					
Visa decision: <input type="checkbox"/> Refused <input type="checkbox"/> Refused for SIS non cancellable. <input type="checkbox"/> Suspended File <input type="checkbox"/> Issued					
Type of visa: <input type="checkbox"/> D					
<input type="checkbox"/> Valid: from until.....					
Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiplie					
Numero di giorni:					

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

22. City of destination Florence (wherever you are studying with API)	23. State of first entry Germany (The first entry to a Schengen country would be reflected here based on your flight plans)	
24. Number of entries requested/ <input type="checkbox"/> One/..... <input type="checkbox"/> Two/..... <input checked="" type="checkbox"/> Multiple/.....	25. Duration of the stay. Indicate number of days (max. 365 days) / 111 (count your program days from the start date to end date).....	
26. Schengen visas issued during the past three years / <input checked="" type="checkbox"/> No/... Check "no" unless you have received a Schengen visa within the past 3 years <input type="checkbox"/> Yes. Date(s) of validity / from/..... to /.....		
27. Fingerprints taken previously for the purpose of applying for a Schengen visa <input checked="" type="checkbox"/> No/... <input type="checkbox"/> Yes/.... Date, if known/..... Check "no" unless it is applicable to you		
28. Number of no objection document issued for family reunification/accompanying family/employment (only in case where required by legislation governing the type of being requested)/ Mark "N/A" unless it is applicable to you Issued by SUI of /.....		
29. Intended date of arrival in the Schengen area 26/01/2015 (European format)	30. Intended date of departure from the Schengen area (only for visas valid for stays of between 91-364 days) 13/05/2015 (European format)	
31. Surname and first name of the inviting person or employer. If not applicable, in case of visa for Adoption, Religious reasons, Medical reasons, Sports, Study, Mission: address of institution in Italy. See #32		
Address and e-mail address of inviting person(s) or employer See #32	Telephone and fax of inviting person(s) or employer..... See #32	
32. Name and address of inviting company/organisation / API Florence, Via Cavour, 34 50129 Firenze, Italia (Be sure to check your specific program's contact info on the following pages)	Telephone and fax of company/organisation 01139055294446 / 011390555290288 (Be sure to check your specific program's contact info on the following pages)	
Surname and first name, address, telephone, fax and e-mail address of contact person in company/organisation/ Valentina Scalini; valentina.scalini@apiabroad.com (Be sure to check your specific program's contact info on the following pages)		
33. Cost of travelling and living expenses is covered by /.....		
<input checked="" type="checkbox"/> by the applicant himself/herself/ Means of support/..... <input checked="" type="checkbox"/> Cash/..... <input type="checkbox"/> Traveller's cheques/..... <input checked="" type="checkbox"/> Credit card/..... <input type="checkbox"/> Prepaid accommodation/..... <input type="checkbox"/> Prepaid transport/..... <input type="checkbox"/> Other (please specify)/..... STATEMENT NOT NECESSARY FOR FOLLOWING VISAS: Family reunion, Accompanying Family, Employment/Self-employed, Business, Diplomatic, Adoption.	<input checked="" type="checkbox"/> by sponsor (host, company, organisation), specify/..... API Referred to in field 31 or 32 / <input type="checkbox"/> other (please specify)/..... Means of support/..... <input type="checkbox"/> Cash/..... <input checked="" type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay/..... <input type="checkbox"/> Prepaid transport/..... <input checked="" type="checkbox"/> Other (please specify)/ Tuition	

34. Personal data of the family member who is an EU, SEE or CH citizen / N/A		
Surname / N/A		First name(s) / N/A
Date of birth / N/A	Nationality / N/A	Number of travel document or ID card N/A
35. Family relationship with an EU, SEE or CH citizen/ N/A:		
<input type="checkbox"/> spouse/..... <input type="checkbox"/> child//.. <input type="checkbox"/> other direct descendant/..... <input type="checkbox"/> dependent ascendant/.....		
36. Place and date / N/A		37. Signature (for minors, signature of parental authority/legal guardian)/ N/A

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

I am aware of and consent to the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints. I understand these, are mandatory for the examination of the visa application. Any personal data concerning me which appear 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 purposes of a decision on my visa application.

I am aware that I have the right to obtain the data transmitted relating to me recorded in the information systems and to request that data relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request, the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to the national law.

The national controlling Authority is the Guarantor of protection of personal data.

The mere fact that a visa has been granted to me 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) No. 562/2006 (Schengen Borders Code) and of Article 4 of D.Lgs. 286/98 and I am therefore refused entry.

ANNOTATIONS (Office use only)

Sample University Letter
Not for General Use

UMassAmherst

International Programs Office

28 September 2022

Visa Office of the Italian Consulate, Boston
600 Atlantic Avenue
Boston, MA 02210

This letter is to confirm that Student Name is a matriculated student in good standing at the University of Massachusetts Amherst and has been accepted to study with the API Semester Business, Arts, Humanities, Italian Language and Culture in Florence in Florence, Italy for the Spring 2023 semester.

she will be enrolled at the Academic Programs International (API) Lorenzo de' Medici, The Italian International Institute, Florence, Via Faenza, 43 50123 Firenze, Italia, from January 29, 2023 until May 20, 2023.

If you have any further questions, please do not hesitate to contact me.

Sincerely,

Advisor Signature

Education Abroad Advisor

AFFIDAVIT OF INSURANCE

FOR STUDY ABROAD VISA

AFFIDAVIT FOR HEALTH INSURANCE (to be presented at the time of the appointment).

All foreigners must be covered by health insurance at time of entry into Italy or other Schengen Country, whether they are holding a visa or are exempt from of entry visa. Said health coverage may be checked by the border Police when entering Italy/Schengen.

Such insurance must cover medical expenses in direct form and not be based on a reimbursement of expenses paid upfront by the insured.

Proof of insurance for the whole duration of the study abroad program will be requested by the Police at time of application for the residence permit.

The coverage for urgent medical assistance, including COVID related expenses, repatriation and evacuation must be for a MINIMUM of 30000 Euro (approximately 36000 USD).

I hereby declare that I have been informed of the above requirements and I declare that I will comply accordingly.

Boston, _____

Signature

Affidavit of Support

I, _____,
(person providing financial support)

born in _____, on _____,
(City, Province, Nation) (day/month/year)

formally declare that

(1) the visa applicant _____
(full name of applicant as it appears on the applicant's passport)

born in _____ on _____
(City, Province, Nation) (day/month/year)

is my _____
(Indicate family relationship – son / daughter / mother / father / wife / husband)

and intends to travel in Italy from _____ to _____
(exact date of arrival) (exact date of departure)

(2) I have sufficient income and assets and I will pay for all of the visa applicant's expenses during his/her stay in Italy;

(3) As part of my guarantee, I enclose with my affidavit the financial documentation required to demonstrate my professional and financial situation, including three months' bank statements, a recent letter from my employer detailing my monthly salary, and any other pertinent information.

Date: _____

Signature: _____

[Signature and Seal of a Notary Public must be affixed below]