

Viaggiare negli Stati Uniti

VISTI e

autorizzazione

elettronica **ESTA**



IMPORTANT WEBSITES

General Information in English

travel.state.gov

Italy.usembassy.gov/visa

J1visa.state.gov

To Apply for a Visa, plus info in Italian

it.usembassy.gov/it/visti

ceac.state.gov/genniv

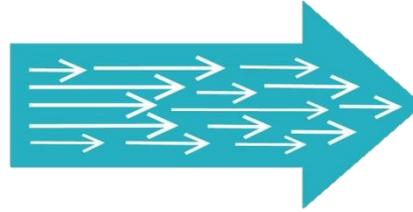
QUESTIONS: usvisamilan@state.gov

A graphic illustration of a target with three concentric red rings on a white background. A red arrow with a black shaft is shown hitting the center bullseye. The target is set against a teal background with a subtle shadow effect.

La categoria del visto è legata
allo **SCOPO** del viaggio.



Scopo



Visto

Studio
e Scambio
culturale



F M J

Business
e Turismo



B-1/ B2

Lavoro



H L O P



Visti di studio e scambio



Chiunque voglia recarsi negli Stati Uniti per aderire ad un programma di studio o scambio, necessita di **un visto specifico**



Visto F



Viene rilasciato a coloro che

desiderano **studiare** negli

Stati Uniti per:

- **CORSI ACCADEMICI**
- **CORSI DI LINGUA**



AI Port Of E ntry.....

I-20

ORIGINALE

Passaporto con visto



Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: **N0004705512**

SURNAME/PRIMARY NAME Doe Smith		GIVEN NAME John	CLASS F-1
PREFERRED NAME John Doe-Smith		PASSPORT NAME	ACADEMIC AND LANGUAGE
COUNTRY OF BIRTH UNITED KINGDOM		COUNTRY OF CITIZENSHIP UNITED KINGDOM	
DATE OF BIRTH 01 JANUARY 1990		ADMISSION NUMBER	
FORM ISSUE REASON INITIAL ATTENDANCE		LEGACY NAME John Doe-Smith	
SCHOOL INFORMATION			
SCHOOL NAME SDVF School for Advanced SDVIS Studies		SCHOOL ADDRESS 9002 Nancy Lane, Ft. Washington, MD 20746	
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Helene Robertson ISSO		SCHOOL CODE AND APPROVAL DATE 3AL21F4545000 03 APRIL 2015	
PROGRAM OF STUDY			
EDUCATION LEVEL DOCTORATE	MAJOR 1 Economics, General 45.0601	MAJOR 2 None 00.0000	
NORMAL PROGRAM LENGTH 72 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	
PROGRAM START DATE 01 SEPT2013 2015	PROGRAM END DATE 31 MAY 2021		
FINANCIALS			
ESTIMATED AVERAGE COSTS FOR 9 MONTHS		STUDENT'S FUNDING FOR 9 MONTHS	
Tuition and Fees	\$ 23,000	Peripal Funds	\$ 3,000
Living Expenses	\$ 4,000	Scholarship and Teaching Assistantship	\$ 29,000
Expenses of Dependents (if)	\$ 3,000	Funds From Another Source	\$
Other	\$	On-Campus Employment	\$
TOTAL	\$ 30,000	TOTAL	\$ 32,000
REMARKS Orientation begins 8/25/2015. Please report to ISSO upon arrival.			
SCHOOL ATTESTATION I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of course status and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has documented that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(b)(6). I am a designated school official of the above named school and am authorized to issue this form. X _____ DATE ISSUED _____ PLACE ISSUED _____ SIGNATURE OF: Helene Robertson, ISSO 21 April 2015 Ft. Washington, MD			
STUDENT ATTESTATION I have read and agree to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form is true especially as to me and is true and correct to the best of my knowledge. I certify that I wish to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records accorded by DHS pursuant to 8 CFR 214.3(g) to document my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18. X _____ DATE _____ SIGNATURE OF: John Doe Smith _____ DATE _____ NAME OF PARENT OR GUARDIAN SIGNATURE ADDRESS (city/state or prov/country) DATE			

Visto M

Viene rilasciato per corsi

non accademici





AI Port Of E ntry.....

I-20

ORIGINALE

Passaporto con visto



Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0004705512

SURNAME/PRIMARY NAME Doe Delta	GIVEN NAME John	CLASS M-1 TECHNICAL AND VOCATIONAL
PREFERRED NAME John Doe-Delta	PASSPORT NAME	
COUNTRY OF BIRTH UNITED KINGDOM	COUNTRY OF CITIZENSHIP UNITED KINGDOM	
DATE OF BIRTH 01 JANUARY 1990	ADMISSION NUMBER	
FORM ISSUE REASON INITIAL ATTENDANCE	LEGACY NAME John Doe-Delta	

SCHOOL INFORMATION

SCHOOL NAME SDV School for Advanced SDV Studies SDV School for Advanced SDV Studies	SCHOOL ADDRESS 9002 Nancy Lane, Ft. Washington, MD 20716
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Melene Robertson SDSO	SCHOOL CODE AND APPROVAL DATE 3AL214F55459200 03 APRIL 2015

PROGRAM OF STUDY

EDUCATION LEVEL DOCTORATE	MAJOR 1 Genomics, General 45.0601	MAJOR 2 None 00.0000
NORMAL PROGRAM LENGTH 12 MONTHS	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient
PROGRAM START DATE 01 SEPTEMBER 2015	PROGRAM END DATE 31 MAY 2017	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 23,000	Personal Funds	\$ 3,000
Living Expenses	\$ 4,000	Scholarship and Teaching Assistantship	\$ 29,900
Expenses of Dependents (1)	\$ 3,000	Funds From Another Source	\$
Other	\$	On-Campus Employment	\$
TOTAL	\$ 30,000	TOTAL	\$ 32,900

REMARKS
Orientation begins 8/25/2015. Please report to SDSO upon arrival.

SCHOOL ATTESTATION
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

SIGNATURE OF: [Redacted]	DATE ISSUED April 2015	PLACE ISSUED Ft. Washington, MD
--------------------------	---------------------------	------------------------------------

STUDENT ATTESTATION
I have read and agreed to comply with the terms and conditions of my admission and of any extension of stay. I certify that all information provided on this form is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

SIGNATURE OF: John Doe-Delta	DATE		
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE

Firma dello studente

Visto J



Viene rilasciato per la partecipazione a programmi **di scambio** negli Stati Uniti.

Au pair	Camp Counselor	Student College/ Uni.	Student/ Secondary
Government Visitor	International Visitor	Visiting Physician	Professor
Research Scholar	Short-term Scholar	Specialist	Summer work/travel
Teacher	Trainee		



J1visa.state.gov



Visitate il sito Web del Dipartimento di Stato per saperne di più sui **requisiti** del programma, le **norme** che lo riguardano e **molto altro**.





AI Port Of E ntry.....

DS- 2019

ORIGINALE

Passaporto con visto



Firma del Console

1. Family Name: DOB		First Name: Johan		Middle Name:		Gender: MALE		ID Number: W0001234567			
Date of Birth (mm-dd-yyyy): 08-08-1988		City of Birth: Łódź		Country of Birth: POLAND		Citizenship Country Code: PL		Citizenship Country: POLAND			
Legal Permanent Residence Country Code: PL		Legal Permanent Residence Country: POLAND		Position Code: 215		Position: UNIVERSITY UNDERGRADUATE STUDENTS					
Primary Site of Activity: 123 Main Street Anywhere, NY 10013											
2. Program Sponsor: InterExchange, Inc.								Exchange Visitor Program Number: P-1-0000			
Participating Program Official Description: SUMMER TRAVEL/WORK											
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.											
3. Form Covers Period: From (mm-dd-yyyy): 06-01-2011 To (mm-dd-yyyy): 09-30-2011					4. Exchange Visitor Category: SUMMER TRAVEL/WORK Subject Field Code: 1234 Subject Field Code Remarks: LabSci.						
5. During the period covered by this form, the total estimated financial support (in U.S. \$) to be provided to the exchange visitor by:											
4. U.S. DEPARTMENT OF STATE / DHS USE OR CERTIFICATION BY RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).						7. JEAN DUPONT Title: Director of Global Prepping Form Address of Responsible Officer or Alternate Responsible Officer: InterExchange, 164 6th Ave New York, NY 10013		Alternate Responsible Officer: Title: 212-924-0466 Telephone Number: 01-13-2011 Date (mm-dd-yyyy):			
8. Statement of Responsible Officer for Relinquishing Sponsor (if OR TRANSFER OF PROGRAM): Effective date (mm-dd-yyyy): Transfer of this exchange visitor from program number _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1962, as amended.											
PRELIMINARY ENDORSEMENT OF CONSUL AS OR IMMIGRATION OFFICER REGARDING SECTION 212(d)(9) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see Item 1) of page 2):										TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year): *EXCEPT: Maximum validation period is up to 6 months for Short term Scholar and 4 months for Camp Counselors and Summer Work/Travel. (1) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy): Signature of Responsible Officer or Alternate Responsible Officer: (2) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy): Signature of Responsible Officer or Alternate Responsible Officer:	
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(d)(9)											
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.											
Signature of Applicant: _____ Place: _____ Date (mm-dd-yyyy): _____											



I-20/ DS- 2019



<https://it.usembassy.gov/it/visti/>



COLLOQUIO E RILASCIO DEL VISTO

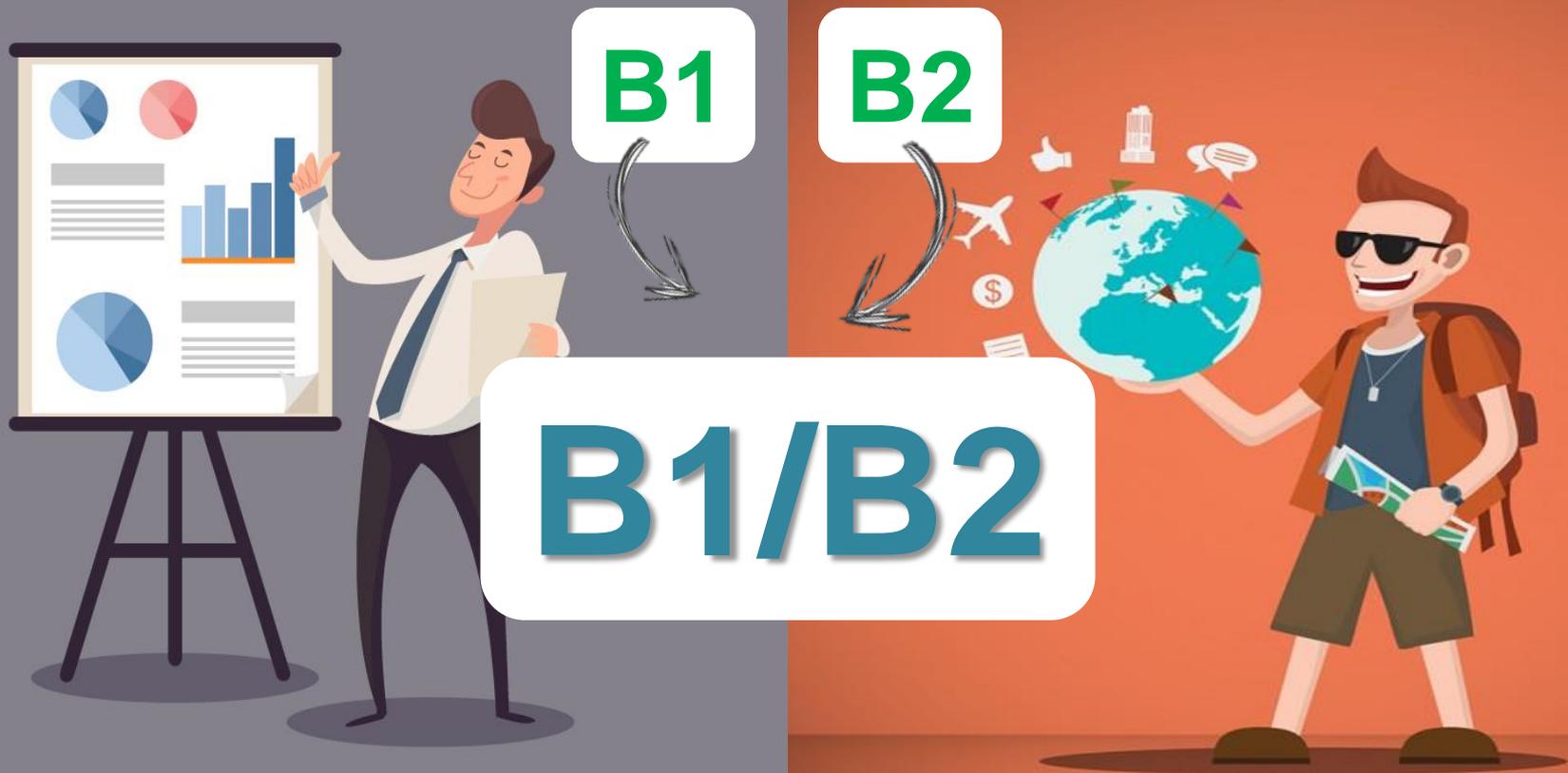


Visti per affari e turismo



Visto B

Il visto B è un visto di tipo **NON immigrante** per coloro che desiderano entrare **temporaneamente** negli Stati Uniti.



Studio negli Stati Uniti con il visto B1/B2

È possibile frequentare un corso di studio durante
la permanenza temporanea negli Stati Uniti
con il visto B1/ B2 solo se il corso **non supera** le
18 ORE SETTIMANALI





Procedura di richiesta

1

<https://it.usembassy.gov/it/visti/>



2

DS-160

Il DS-160 deve essere completato online e trasmette automaticamente i dati del richiedente al Consolato per presentare richiesta di visto.

Il giorno del vostro colloquio dovrete portare solo la **pagina di conferma** del **DS-160** con il **codice a barre**.

 U.S. DEPARTMENT of STATE
CONSULAR ELECTRONIC APPLICATION CENTER

Online Nonimmigrant Visa Application (DS-160) **AA00409**

Confirmation 

This confirms the submission of the Nonimmigrant visa application for:

	Name Provided:	Applicant's Name	Location Selected:
	Date Of Birth:	03 / 22 / 1980	
	Place of Birth:	New Delhi, India	
	Gender:	Male	
	Nationality:	INDIA	
	Passport Number:	J8791774	
	Purpose of Travel:	SPECIALTY OCCUPATION (H1B)	
	Completed On:	14 OCT 2012	
	Confirmation No:	AA005P4IWT	
	THIS IS NOT A VISA		
Version 01.02.00			

YOU MUST BRING the confirmation page and the following document(s) with you at all steps during the application process:
Passport; Evidence of approved I-129

You may also provide any additional documents you feel will support your case.

AA00409



3

REGISTRANDOVI NEL SISTEMA CSC SYSTEM POTRETE:

- EFFETTUARE IL PAGAMENTO

bonifico bancario/ carta di debito o prepagata



- FISSARE IL VOSTRO APPUNTAMENTO
- GESTIRE IL RITIRO/ SPEDIZIONE A DOMICILIO DEL VOSTRO PASSAPORTO

4

Controllo della documentazione

TUTTI I RICHIEDENTI DOVRANNO PRESENTARE:



Passaporto valido



Modulo DS-160



Fototessera recente 5x5 cm.



Permesso di Soggiorno

(ESEMPIO: PER I CITTADINI EXTRA U.E.)

Documentazione aggiuntiva



J

I- 20

F M

DS-2019

F M J

**RICEVUTA DI PAGAMENTO
della tassa SEVIS I-901**

www.fmjfee.com



Tempi di rilascio



In caso di rilascio del visto, riceverete il passaporto entro **4 giorni lavorativi** nella modalità da voi selezionata nel sistema.



Consigli



- **Consultare** sempre il sito ufficiale
 - **Controllare** la documentazione preparata **PRIMA** del colloquio
 - **Coinvolgere** gli studenti nella preparazione dei documenti
 - **Pianificare** il colloquio con anticipo rispetto alla propria partenza
- 

Autorizzazione elettronica



ESTA

Visa Waiver Program

CONSENTE AI CITTADINI DEI
PAESI CHE PARTECIPANO AI
PROGRAMMA DI VIAGGIARE PER
TURISMO O BUSINESS NEGLI
STATI UNITI **PER UN MASSIMO DI
90 GIORNI**, SENZA VISTO.

38 Paesi

Andorra (1991)	Lithuania (2008)
Australia (1996)	Luxembourg (1991)
Austria (1991)	Malta (2008)
Belgium (1991)	Monaco (1991)
Brunei (1993)	Netherlands (1989)
Chile (2014)	New Zealand (1991)
Czech Republic (2008)	Norway (1991)
Denmark (1991)	Portugal (1999)
Estonia (2008)	San Marino (1991)
Finland (1991)	Singapore (1999)
France (1989)	Slovakia (2008)
Germany (1989)	Slovenia (1997)
Greece (2010)	Spain (1991)
Hungary (2008)	Sweden (1989)
Iceland (1991)	Switzerland (1989)
Ireland (1995)	Taiwan (2012)
Italy (1989)	United Kingdom** (1988)
Japan (1988)	
Korea, Republic of (2008)	
Latvia (2008)	
Liechtenstein (1991)	

ESTA

Electronic System for Travel Authorization

TUTTI i viaggiatori che intendono recarsi negli USA usufruendo del Programma "Viaggio senza Visto" devono ottenere un'autorizzazione ESTA **PRIMA** di salire a bordo del mezzo di trasporto prescelto.

Consigliamo di richiedere questa autorizzazione elettronica con largo anticipo rispetto la data di partenza.

ALMENO 72 ORE

Requisiti



✓ **PAESI VISITATI E DOPPIA CITTADINANZA**

✓ NAZIONALITÀ

✓ SCOPO DEL VIAGGIO

✓ DURATA DEL VIAGGIO

✓ PASSAPORTO VALIDO

Chi

Non può
più viaggiare
con ESTA



**Possiede la doppia
cittadinanza di un paese
del Visa Waiver Program
e di Iran, Iraq, Siria o
Sudan**

**Si è recato dal 1 marzo 2011
in poi in uno dei seguenti
paesi: Iran, Iraq, Libia, Siria,
Somalia, Sudan e Yemen**

Dovrà richiedere un visto B1/ B2

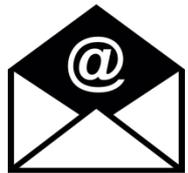
- Valido 10 anni multipla entrata
- Consente di tornare in uno dei paesi indicati nella nuova legge
- Validità indipendente dalla validità del passaporto

travel.state.gov

www.cbp.gov

FAQs

<https://it.usembassy.gov/it/visti/>



usvisamilan@state.gov