

FRENCH REPUBLIC

LONG-STAY VISA APPLICATION FORM

This application form is free

IDENTITY	
PHOTOGRAPH	

se only							
2. Former surname(s) Have you ever officially changed your last name? If so, list your former last name here Application date:							
3. First name(s) FIRST AND MIDDLE NAME							
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26. l	26. Intended date of entry into France or the Schengen Area							
	ARRIVAL DATE IN FRANCE (OR OTHER SCHENGEN COUNTRY IF YOU ARE NOT FLYING DIRECTLY FROM							
	THE US TO FRANCE)							
	17. Intended duration of stay on the territory of France *Tick the first box if you are semester only							
	Between 3 and 6 months * Tick the second box if you are academic year ** Tick the second box if you are academic year							
28. lt	28. If you intend to stay in France with members of your family, please state:							
ı	Family relationship Surname(s), first name	e(s)	Date of birth (DD/MM/YY)	Nationality				
29.	29. What will be your means of support in France?							
	Explain your financial means during your stay in France. Arcadia University recommends that you provide a notarized financial							
	guarantee signed by your parent. If you are providing this guarantee from your parents, answer: Parental Support & Arcadia University.							
	Will you be granted a scholarship?							
	If yes, write the name, address, email address and telephone number of the ins	titution and the amount of the schol	arship:					
30.	Will you be supported by one or several person(s) in France?		YES NO					
	If yes, state their name, nationality, occupation, email address and telephone nu							
	Do you have any sponsors in France (contact or friend)? It	f yes, please tick "YES" ar	nd fill in the requested i	information.				
31	Are members of your family resident in France?		YES NO					
_			LE2 INO					
	If yes, state their name, nationality, relationship with you, address, email address and telephone number: Do you have any relatives in France? If yes, please tick "YES" and fill in the requested information.							
	so you have any relatives in relatives in you, please tick red and in mane requested information.							
	: Commission Nationale de l'Informatique et des Libertés - 8, rue Vivienne - 75083 PARIS CEDEX 02							
32.	Have you been resident in France for more than three consecutive months?		YES NO					
	If yes, specify at which date(s) and for what purpose							
	W. 177 - 177 - 177							
	At which address(es)?							
		*						
	I am aware of and consent to the following: the collection of the data required by this ap							
	examination of the visa application; and any personal data concerning me which appea French authorities and processed by those authorities, for the purposes of a decision o		as my fingerprints and my photogr	raph will be supplied to the relevant				
	Such data as well as data concerning the decision taken on my application or a decision database for a maximum period of five years, during which it will be accessible to the vi							
	asylum authorities for the purposes of verifying whether the conditions for the legal ent longer fulfil these conditions. Under certain conditions the data will also be available to	ry into, stay and residence on the territ	ory of France are fulfilled, and of i	identifying persons who do not or who no				
	terrorist offences and of other serious criminal offences. The French authority responsi		Europortor the purpose of the pre	evention, detection and investigation of				
	Pursuant to Act No 78-17 of 6 January 1978 on Data Processing, Files and Individual Liberties, I am aware that I have the right to obtain from the French government the communication of the data relating to me recorded in the VISABIO database and the right to request that such data which are inaccurate be corrected or possibly deleted only if processed unlawfully. This right of access to and							
	possible correction of such data shall be exercised by applying to the head of mission or consular post. It may be possible to refer to the National Commission on Data Processing and Liberties (CNIL)							
	If I choose to question the conditions under which the personal data relating to me are protected. (Commission Nationale des Libertés - 8, rue Vivienne - 75083 Paris Cedex 02) I am aware that any incomplete application will increase the risk of my visa application being refused by the consular authority and that the said authority may have to retain my passport while my							
	application is being processed. I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any 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 French law. I undertake to leave the French territory before the expiry of the visa, if granted, and if I have been refused the right to stay in France after the expiry of the visa.							
	Place and date	Signature	tal authority / local averdice					
		(for minors, signature of the paren	ıaı autriority / iegai guardian)					