

APPLICATION FORM – Declaration of Value (DoV)

Student Office
Consulate General of Italy in Miami
4000 Ponce De Leon Blvd, Suite 590
Coral Gables, FL, 33146

1 APPLICANT'S INFORMATION

Full name (<i>First, middle and last name as it appears on the passport</i>)	
Date of birth (<i>dd/mm/yyyy</i>)	
Place of birth (<i>State/Country, City</i>)	
Citizenship (<i>all that apply</i>)	
Passport Number	
Residential Address (<i>Street / City / State /Country / Zip Code</i>)	
Phone	
Email	

2 CREDENTIAL REQUESTED - Educational qualification for which the DoV is requested

☐ High School Diploma ☐ Associate Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate ☐ Other: _____

Exact credential title:	
Major or program:	
Awarding school college or university:	
Institution city and state:	
Date awarded:	
Dates attended:	
Institution address or location:	
Institution type:	☐ Public ☐ Private ☐ Other: _____
Institutional accreditation (if applicable):	
Accrediting agency (if applicable):	

3 PROGRAM DETAILS

Standard official program length:	
Actual time enrolled in this program:	
Admission requirements:	_____ _____
Occupations or career fields for which this qualification prepares students in the U.S.:	_____ _____
Academic calendar:	☐ Semesters ☐ Quarters ☐ Other: _____
Credits required for graduation:	
Transfer credits, if any:	
Final GPA:	_____ / _____
Grading or transcript notes:	

4 LIST YOUR ACADEMIC HISTORY, STARTING WITH YOUR HIGHEST DEGREE

Highest University degree - degree name as it appears in English (PhD, Master, Bachelor) on the original document - name and location (city and State) of the academic institution issuing the degree	
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Previous University degree (if applicable) degree name as it appears in English (Master, Bachelor...) - name and location (city and State) of the academic institution issuing the degree	
High school graduation diploma or equivalent and graduation year - name and location (city and State) of the High School. MANDATORY for students holding University degrees.	
Report cards or intermediate studies (Elementary, Middle, High school) - name and location (city and State) of the school (if no high school diploma was earned)	

5 PURPOSE OF REQUEST - Check ONE applicable purpose (A–G) and complete only the fields for that purpose.

☐ **A. Admission to an Italian university**

Italian university name, city and province: _____

Exact program title as listed by the university: _____

Expected program start and end dates: _____

☐ **B. Application of High School diploma accreditation as equivalent to the Italian diploma of “Maurita” (for EU and Italian citizens only)**

Specify city of the office (Ufficio Scolastico Provinciale) where you are going to apply for equivalency _____

☐ **C. Use of academic qualification for work-permit purposes**

Labor office (city): _____ Sponsoring employer: _____

☐ **D. Use of academic qualification for an EU Blue Card application**

Competent office (city): _____ Sponsoring employer: _____

☐ **E. Recognition of professional credentials for a regulated profession in Italy**

Profession practiced in the U.S.: _____

Profession intended in Italy: _____ Competent Italian authority (if known): _____

☐ **F. Continuation of school studies in Italy (U.S. grades 1–11)**

U.S. school and city: _____ Current/completed grade: _____

Intended Italian school (if known): _____

☐ **G. Validation of University degree for filing with INPS**

INPS office (if known): _____ Administrative purpose: _____

6 SUPPORTING DOCUMENTS CHECKLIST

Before submitting your application, please ensure that all required documents listed below are included.

A separate application must be submitted for each educational qualification, along with the corresponding supporting documents.

- ☐ **1.** Completed and signed application form.
- ☐ **2.** Original diploma and transcript or certified copies of both documents. The Principal or Registrar of the school, College, or University must sign the documents before a Notary Public. The notarized documents must then be authenticated with an Apostille issued by the competent Secretary of State. The student, the student's parents, and the exchange program coordinator are not authorized to certify that the documents are true copies before a Notary Public. Notarizations performed in this manner will not be accepted.
- ☐ **3.** Italian translations of the diploma and transcripts. Applicants may translate them themselves if accurate, faithful to the originals and following the original layout. Do not translate the original credential name or the Apostille. If translations were sworn before an Italian court, provide the original sworn translations with court stamps; in that case Art. 72A does not apply.
- ☐ **4.** Copy of the applicant's valid passport (biographical data page only).
- ☐ **5.** Fully prepaid FedEx/DHL/UPS/USPS return envelope with applicant as shipper and recipient; photocopy of envelope/label; and signed section 7, if return by mail is requested.
- ☐ **6.** Money order, if fees apply. The Declaration of Value is issued free of charge only upon submission of proof of admission to a university program in Italy. Otherwise, fees under Art. 66O (consular declaration) and, where applicable, Art. 72A (certification of English-to-Italian translations), calculated per sheet (front and back), apply.

Verify current fees and money-order payment instructions on our website before mailing.

7 RETURNS OF DOCUMENTS BY MAIL – AUTHORIZATION

☐ I request the return of my Declaration of Value and supporting documents by mail/courier instead of collecting them in person.

I enclose a fully prepaid ☐ FedEx ☐ DHL ☐ UPS ☐ USPS return envelope addressed to me, plus a photocopy of the envelope/label and tracking number.

As instructed by the Miami Consulate, my name appears as both shipper and recipient.

Return delivery address: _____

City: _____ State: _____ ZIP Code: _____ Country: _____

Carrier: _____ Tracking number: _____

☐ I confirm the shipping label is fully prepaid and the Consulate is NOT listed as "Billing Address," "Bill To," "Payer," or the account holder to be charged. I am solely responsible for paying any subsequent invoice, adjustment, surcharge or other shipping cost.

ACKNOWLEDGMENT OF RESPONSIBILITY

By signing below, I authorize shipment and accept all related risks. I understand that the Consulate General of Italy in Miami and its Student Office are not responsible for loss, theft, damage, delay, incorrect addresses, pickup and delivery problems, or other carrier issues. The Consulate will not contact the carrier to arrange pickup or resolve shipment issues. I understand that if I wish to collect the documents in person at the Consulate instead, I must contact the Student Office to schedule a pickup appointment.

Date: _____

Applicant signature: _____