Marymount offers a wide variety of graduate degree and certificate programs designed to support the career goals of professionals.

**Business and Management**
- Business Administration (M.B.A.)
- Business Administration/Human Resource Management dual degree program (M.B.A./M.A.)
- Business Administration/Information Technology dual degree program (M.B.A./M.S.)
- Health Care Management (M.S.)
- Health Care Management/Business Administration dual degree program (M.S./M.B.A.)
- Health Care Management/Information Technology dual degree program (M.S./M.S.)
- Human Resource Management (M.A. and graduate certificate)
- Knowledge and Learning in Organizations (graduate certificate)
- Leadership (graduate certificate)
- Management and Leadership (M.S.)
- Management Studies (graduate certificate)
- Nonprofit Management (graduate certificate)
- Organization Development (graduate certificate)
- Project Management (graduate certificate)

**Counseling and Psychology**
- Clinical Mental Health Counseling (M.A.)
- Clinical Mental Health Counseling with Forensic Psychology option (M.A./M.A.)
- Counselor Education and Supervision (Ed.D.)
- Forensic Psychology (M.A.)
- Forensic Psychology with Clinical Mental Health Counseling option (M.A./M.A.)
- Pastoral Counseling (M.A.)
- Pastoral and Spiritual Care (M.A.)
- School Counseling (M.A.)

**Criminal Justice**
- Criminal Justice Administration and Policy (M.A.)

**Health Professions**
- Health Promotion Management (M.S.)
- Nursing — Family Nurse Practitioner (M.S.N. and post-master's certificate)
- Nursing (D.N.P.)
- Physical Therapy (D.P.T.)

**Humanities/Literature and Language**
- Literature, Language, and the Humanities (M.A.)

**Interior Design**
- Interior Design (M.A.)

**Technology**
- Computer Security and Information Assurance (graduate certificate)
- Cybersecurity (M.S.)
- Health Care Informatics (graduate certificate)
- IT Project Management and Technology Leadership (graduate certificate)

**Reston Center Graduate Programs**
(1861 Wiehle Avenue, Reston, Virginia)
- Business Administration (M.B.A.)
- Education (M.Ed.) with licensure — Elementary and Secondary Education (M.Ed.) — Professional Studies
- Human Resource Management (M.A.)
- Nonprofit Management (graduate certificate)
Save time. YOU CAN APPLY ONLINE RIGHT NOW!

www.marymount.edu/applygrad

MARYMOUNT UNIVERSITY

Graduate Studies Application

Office of Graduate Admissions · 2807 North Glebe Road, Arlington, Virginia 22207-4299 Phone: (703) 284-5901 · Fax: (703) 527-3815

APPLICANT INFORMATION

- Mr. · Mrs. · Ms. · Miss · Dr.
- Male · Female

Name: _________________________________

International Students: Please write your name exactly as it will appear on your passport.

Last/Family/Surname: _____________________
First/Given/Personal: ____________________
Middle: ________________________________
Previous name(s): ______________________

Permanent Home Address:

Number and Street: ______________________
Apt.: _________________________________
City: ____________________________ State: _______ ZIP: ________ Country: ____________

Phone: ______________________
Cell phone: ________________
E-mail: _______________________ 

Birthdate: ______________ month/day/year

Social Security #: ____________________________

Are you a U.S. citizen? ☐ Yes ☐ No (If no, please complete the shaded section below.)

What is your country of citizenship? ________________________________

Are you a U.S. permanent resident? ☐ Yes ☐ No

If yes, please include a photocopy of your Green Card with your completed application.

If no, what is your visa type? ____________________

Are you a former Marymount student? ☐ Yes ☐ No

Is English your first language? ☐ Yes ☐ No

ENROLLMENT INFORMATION

Check all boxes that apply.

I wish to be considered for ☐ Certificate status ☐ Degree status

☐ Nondegree status Program of interest: ___________________

Semester/year I plan to enroll: ☐ Fall 20___ ☐ Spring 20___ ☐ Summer 20___

I am ☐ applying to Marymount for the first time ☐ a current Marymount student ☐ a former Marymount student

Please check the program in which you wish to enroll:

Business and Management
☐ Business Administration (M.B.A.)
☐ Business Administration/Human Resource Management dual degree program (M.B.A./M.A.)
☐ Business Administration/Information Technology dual degree program (M.B.A./M.S.)
☐ Reston M.B.A. program
☐ Health Care Management (M.S.)
☐ Health Care Management/Business Administration dual degree program (M.S./M.B.A.)
☐ Health Care Management/Information Technology dual degree program (M.S./M.S.)
☐ Human Resource Management (M.A.)
☐ Reston Human Resource Management (M.A.)
☐ Reston Project Management (cert.)
☐ Human Resource Management (cert.)
☐ Knowledge and Learning in Organizations (cert.)
☐ Leadership (cert.)
☐ Management and Leadership (M.S.)
☐ Management Studies (cert.)
☐ Nonprofit Management (cert.) - available at Reston Center only
☐ Organization Development (cert.)

Counseling and Psychology
☐ Clinical Mental Health Counseling (M.A.)
☐ Clinical Mental Health Counseling with Forensic Psychology option (M.A./M.A.)
☐ Counselor Education and Supervision (Ed.D.)
☐ Forensic Psychology (M.A.)
☐ Forensic Psychology with Clinical Mental Health Counseling option (M.A./M.A.)
☐ Pastoral Counseling (M.A.)
☐ Pastoral and Spiritual Care (M.A.)
☐ School Counseling (M.A.)

Criminal Justice
☐ Criminal Justice Administration and Policy (M.A.)

Education
☐ Administration and Supervision (M.Ed.)
☐ Elementary Education (M.Ed.)
☐ Professional Development School program
☐ Reston Elementary Education (M.Ed.) cohort

- Project Management (cert.)
- Business Administration/Human Resource Management dual degree program (M.B.A./M.A.)
- Business Administration/Information Technology dual degree program (M.B.A./M.S.)
- Reston M.B.A. program
- Health Care Management (M.S.)
- Health Care Management/Business Administration dual degree program (M.S./M.B.A.)
- Health Care Management/Information Technology dual degree program (M.S./M.S.)
- Human Resource Management (M.A.)
- Reston Human Resource Management (M.A.)
- Reston Project Management (cert.)
- Human Resource Management (cert.)
- Knowledge and Learning in Organizations (cert.)
- Leadership (cert.)
- Management and Leadership (M.S.)
- Management Studies (cert.)
- Nonprofit Management (cert.) - available at Reston Center only
- Organization Development (cert.)

- English as a Second Language (M.Ed.)
- Professional Studies (M.Ed.)
- Reston Secondary Education (M.Ed.) cohort
- Special Education, General Curriculum (M.Ed.)
- Professional Development School program

The Health Professions
☐ Health Promotion Management (M.S.)
☐ Nursing – Family Nurse Practitioner (M.N.P.)
☐ Nursing – Family Nurse Practitioner (M.S.N.)
☐ Nursing Education (M.S.N.)
☐ Nursing Education (cert.)
☐ Nursing (D.N.P.) – entering with B.S.N.
☐ Nursing (D.N.P.) – entering with nonclinical M.S.N.
☐ Nursing (D.N.P.) – entering with clinical M.S.N.

Humanities/Literature and Language
☐ Literature, Language, and the Humanities (M.A.)

Interior Design
☐ Interior Design (M.A.)

Technology
☐ Computer Security and Information Assurance (cert.)
☐ Cybersecurity (M.S.)
☐ Health Care Informatics (cert.)
☐ Information Technology (M.S.)
☐ Computer Security track
☐ Project Management and Technology Leadership track
☐ Software Engineering track
☐ Information Technology (Graduate cert.)
☐ IT Project Management and Technology Leadership (cert.)
ACADEMIC INFORMATION
Marymount requires official transcripts from all colleges and universities you have attended. Please list all postsecondary education in chronological order, beginning with the most recent. Attach a separate sheet if you need more space.

<table>
<thead>
<tr>
<th>School</th>
<th>City/State</th>
<th>Dates attended</th>
<th>Degree received</th>
<th>Major</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Your name when attending, if different from current name:
Name: ___________________________________________ School(s) __________________________

TESTING INFORMATION
List all standardized tests that you have taken or plan to take. See admission requirements for specific tests.

- [ ] GMAT Dates(s) taken ____________________________
- [ ] GRE Dates(s) taken ____________________________
- [ ] MAT Dates(s) taken ____________________________
- [ ] Praxis I Dates(s) taken ________________________
- [ ] LSAT Dates(s) taken __________________________
- [ ] VCLA Dates(s) taken __________________________

For non-native English speakers: [ ] TOEFL Dates(s) taken ________________________
[ ] IELTS Dates(s) taken _________________________
[ ] PTE Dates(s) taken _____________________________

EMPLOYMENT HISTORY
Use this space to list your current or most recent employment information, including military experience. You may attach your résumé in lieu of completing this section.

From Month ________ Year ________        To Month ________ Year ________           Job Title _______________________________________
____________________________________________________________________________________________________
Organization Location
____________________________________________________________________________________________________
Responsibilities
Do you hold a license or certification in a profession? [ ] Yes [ ] No If yes, in what profession? ____________________________

Marymount University offers limited housing for graduate students. Please check below if you would like more information.

[ ] I would like additional information on graduate student housing.

Have you ever been convicted, as an adult, of a felony or received a verdict of anything other than “not guilty” in any criminal investigation or proceeding? [ ] Yes [ ] No

If “yes,” describe when the conviction occurred, the facts and circumstances, and facts pertaining to rehabilitation. Do not list any criminal charges for which records have been expunged. A criminal offense will not necessarily bar your admission. Attach separate pages for your response.

I understand that withholding information requested in this application or giving false information may make me ineligible for admission to, or continuation of studies at, Marymount University. I certify that the above statements are correct and complete. If I am admitted to Marymount University, I agree to abide by the rules and regulations as stated in the University catalog, Student Handbook, and other administrative documents and publications.

Your signature (REQUIRED)                                                                                           Date
____________________________________________________________________________________

ADDITIONAL INFORMATION
We request the following information in compliance with Title VI of the Civil Rights Act. Your response is voluntary and has no bearing on the admission decision.

Ethnicity: [ ] Hispanic/Latino        [ ] Non-Hispanic/Latino

Race (please check all that apply): [ ] American Indian, Alaska native
[ ] Asian
[ ] Black or African American
[ ] Hawaiian or Pacific Islander
[ ] White

Are you fluent in another language? [ ] Yes [ ] No If yes, please list the language(s) ________________________________

Mail this application, along with a nonrefundable $40 check (U.S. banks only) or money order made payable to Marymount University, to
Marymount University, Graduate Admissions Office, 2807 N. Glebe Road, Arlington, VA 22207-4299

If you have questions about this application, or about admission to Marymount University, contact (703) 284-5901 or grad.admissions@marymount.edu, or visit Marymount’s website at www.marymount.edu
MARYMOUNT UNIVERSITY
Transcript Request

**Applicant:** Complete the information below and send this form to the registrar of each university/college you have attended. Duplicate as needed.

Name

Last                                                        First                                                        Middle                                                               Previous name(s)

School

_____________________________________________________________________________________________________________________

Dates of Enrollment            Degree/Year

I authorize the release of my academic transcript to Marymount University’s Office of Admissions.

___________________________________________________________________________________________________________________________

Signature                                                                                                                                                                               Date

Registrar: The person named above is applying for admission to graduate studies at Marymount University. Please enclose this form and one copy of the applicant’s transcript in an official university envelope. Include instructions on how to interpret the transcript and an explanation of your grading system. If the applicant’s transcript cannot be forwarded, indicate the reason. Please send the materials promptly to

Graduate Admissions Office, Marymount University, 2807 N. Glebe Road, Arlington, VA 22207-4299

and notify the applicant that you have done so. For further information, call (703) 284-5901. Thank you.

MARYMOUNT UNIVERSITY
Transcript Request

**Applicant:** Complete the information below and send this form to the registrar of each university/college you have attended. Duplicate as needed.

Name

Last                                                        First                                                        Middle                                                               Previous name(s)

School

_____________________________________________________________________________________________________________________

Dates of Enrollment            Degree/Year

I authorize the release of my academic transcript to Marymount University’s Office of Admissions.

___________________________________________________________________________________________________________________________

Signature                                                                                                                                                                               Date

Registrar: The person named above is applying for admission to graduate studies at Marymount University. Please enclose this form and one copy of the applicant’s transcript in an official university envelope. Include instructions on how to interpret the transcript and an explanation of your grading system. If the applicant’s transcript cannot be forwarded, indicate the reason. Please send the materials promptly to

Graduate Admissions Office, Marymount University, 2807 N. Glebe Road, Arlington, VA 22207-4299

and notify the applicant that you have done so. For further information, call (703) 284-5901. Thank you.
MARYMOUNT UNIVERSITY
International Student Supplemental Information (ISSI) Form

This form is to be completed by international student applicants in addition to the appropriate application for admission (undergraduate, transfer, or graduate student). On all documents submitted to Marymount, write your name exactly as it will appear on your passport. Please print or type.

PERSONAL INFORMATION

Date: ______________________

Name: _______________________________________________________________________________________________________________________________________________________

Last/Family/Surname          First/Given/Personal    Middle    Previous Name(s)

Overseas Address: _________________________________________________________________________________________________________________________________________________________

Province/Territory/State     Zip Code/Postal Code  Country

U.S. Social Security Number or Marymount Student ID Number (if applicable): ________________________________

U.S. Driver’s License Number (if applicable): ________________________________________________________________

☐ Male     ☐ Female     Birthdate: ___________________________ Country of Birth: ___________________________

month/day/year

Country/countries of citizenship: 1) ___________________________  2) ___________________________

Country of legal residence: __________________________________ Native/primary language: ___________________________

E-mail: ___________________________________________ Phone: (______)_________________________ Fax: (______)_______________________

IMMIGRATION INFORMATION

Name as it will appear on passport: _________________________________________________________________________________________________________________________________________________________

U.S. Address: _________________________________________________________________________________________________________________________________________________________

Passport ID Number: ___________________________ Expiration date: ___________________________

Do you have permanent U.S. residency? ☐ Yes     ☐ No     If yes, provide Alien Registration Number: ___________________________________________

Are you requesting that Marymount University issue you an I-20 (F-1 status)?

☐ Yes

☐ No. I currently hold a visa. My status is ___________________________

☐ No. I am a permanent U.S. resident. (Green Card holder)

If you are requesting an I-20, please indicate where you would like it mailed:

Address: _________________________________________________________________________________________________________________________________________________________

Province/Territory/State     Zip Code/Postal Code  Country

Are you currently in the United States? ☐ Yes     ☐ No

If in the U.S., indicate most recent date of arrival: ___________________________ Location of arrival: ___________________________ city/state

I-94 Card Number (white card in passport): ___________________________

What school or university are you currently attending? ___________________________

Are you planning to leave the U.S. before attending Marymount? ☐ Yes     ☐ No

If yes, when? (month/day/year) ___________________________ Expiration date of visa (month/day/year): ___________________________

Please attach a copy of your passport ID and (if applicable) your current immigration document (I-20, etc.), I-94 card (front and back), and visa.
ACADEMIC INFORMATION

Date you took (or will take) any of the following tests:
SAT/ACT ___________________ (Score ___________)
TOEFL ___________________ (Score ___________) □ paper-based □ computer-based □ Internet-based
IELTS ___________________ (Score ___________)
GRE/GMAT/MAT ___________ (Score ___________)
PTE ___________________ (Score ___________)

Official test results must be submitted to Marymount. (See application for required tests and minimum test scores.)

Did you have your test results sent to Marymount?  □ Yes  Specify test(s): ________________________  □ No, but I will do so. Specify test(s): ________________________

ADDITIONAL INFORMATION

Emergency Contact: _____________________________________________________________________  Relationship to applicant: ____________

Last/Family/Surname              First/Given/Personal

Address: _____________________________________________________________________________________________________________________
Street   Apt. No.                                    City
_______________________________________________________________________________________________________________________
Province/Territory/State    Zip Code/Postal Code  Country

Phone (include country code):  (______)_____________________________   E-mail: ______________________________________________________

Is this address the same as your permanent home address?  □ Yes  □ No

Will your spouse and/or children accompany you?  □ Yes  □ No

If yes, please provide the name(s), birthdate(s), country(ies) of birth and citizenship, and relationship(s) to you.

Spouse's full name:__________________________________________       Date of birth (month/day/year): ______________________________
Spouse's country of birth:_____________________    Spouse's country of citizenship: _____________________________________________

Children: (List additional children on a separate sheet)

<table>
<thead>
<tr>
<th>name</th>
<th>date of birth</th>
<th>country of birth</th>
<th>country of citizenship</th>
<th>gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FUNDING

You must show that you have sufficient funds available for your academic and living expenses while attending Marymount University. You or your sponsor will be responsible for all payments according to scheduled Marymount University payment dates for each semester. Please note that the University requires payment in full each semester before you may register for classes.

Estimated costs of study for the 2011-12 academic year

<table>
<thead>
<tr>
<th>Master's programs/Doctor of Nursing Practice Based on 9 credit hours/semester</th>
<th>Doctor of Physical Therapy program Based on full time enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and fees (2 semesters)</td>
<td>$14,232</td>
</tr>
<tr>
<td>Room and Board</td>
<td>$12,550</td>
</tr>
<tr>
<td>Books and Supplies**</td>
<td>$1,000</td>
</tr>
<tr>
<td>Personal expenses**</td>
<td>$3,000</td>
</tr>
<tr>
<td>Health expenses**</td>
<td>$850</td>
</tr>
<tr>
<td>Transportation**</td>
<td>$1,800</td>
</tr>
<tr>
<td>Total Estimated Expenses</td>
<td>$33,432</td>
</tr>
</tbody>
</table>

*Room and board charges based on on-campus graduate housing rates.

**Estimated costs

F1 students are required to study full time during the fall and spring semesters but are not required to attend the summer term unless the initial term of enrollment is in the summer or where their course of study requires it. Tuition costs are based on full-time minimum enrollment for fall and spring, not including tuition for the summer term. See Marymount Financial Information sheet for more information about the cost of the summer term.
**MARYMOUNT UNIVERSITY**

*Declaration of Finances*

All international student applicants must submit this form **along with supporting financial documentation** (bank statements, scholarship letters, etc.). Copies may be included with this form, but original documents must be received by Marymount University before a certificate of eligibility (I-20) will be authorized.

Applicant’s name: ____________________________________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Last/Family/Surname</th>
<th>First/Given/Personal</th>
<th>Middle</th>
<th>Previous name(s)</th>
</tr>
</thead>
</table>

Enter amounts in U.S. dollars. Please print all entries. Use an additional sheet of paper for explanations, if necessary.

<table>
<thead>
<tr>
<th>STUDENT’S SOURCES OF FUNDS</th>
<th>Assured support</th>
<th>Projected Support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YEAR 1</strong></td>
<td><strong>YEARS 2-4 (total)</strong></td>
<td></td>
</tr>
<tr>
<td>1. <strong>Personal or Family Savings</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>You must enclose an original bank statement or letter on the bank's stationery to verify the amount you indicate. We do not accept photocopies of bank statements or statements older than 6 months.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. <strong>Parents and/or Sponsors</strong></td>
<td>1) $</td>
<td>1) $</td>
</tr>
<tr>
<td>Your parent(s) or sponsor(s) must sign the certification below and enclose an original bank statement or letter on their bank's stationery to verify their ability to provide you with the indicated funds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>List sponsor(s) and amounts: 1. __________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. __________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. <strong>Your Government</strong> (Name of agency: ____________________________)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Enclose a signed copy of award letter with current date, amount in U.S. dollars, and beginning and ending date of award period.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. <strong>This Institution</strong> (Type of award: ____________________________)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Enclose a copy of Marymount University award letter for scholarships, grants, and tuition waivers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. <strong>Other</strong> (please specify: ____________________________)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Enclose signed affidavit from an authorized person to certify the accuracy of this entry.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. <strong>Total lines 1-5</strong>. This total must meet or exceed Marymount University expenses for undergraduate/master's/doctoral study. (Projected support for future years of study should account for an anticipated 4-5% yearly increase in costs.)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>7. If your spouse will accompany you, add $6,000/year to your expenses.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>8. Number of dependents that will accompany you _____ x $3,500/year</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Adjusted Total Expenses** (Total of lines 6-8) $ $

Assured support must equal or exceed estimated costs listed previously.

**PLEASE NOTE:** Students holding F-1 visas should NOT anticipate employment as a means of support while studying at Marymount University. Employment for F-1 students is restricted. Moreover, the cost of attending summer school is additional except for those enrolled in the Doctor of Physical Therapy program. If you expect to take summer classes, please plan accordingly for those additional expenses.

**APPLICANT:** I certify that the information provided here is correct and complete. I will be responsible for adhering to all University tuition, room and board, and health insurance payment schedules.

Signature of Student ___________________________ Date ____________________________

**PARENT/SPONSOR:** This is to certify that I have read the information provided by the applicant on this form, that it is true and accurate, and that the funds are available and will be provided as stated.

Signature of Parent/Sponsor ___________________________ Date ____________________________

Print name ___________________________ Relationship to applicant ____________________________

*For each additional sponsor, please attach a letter from the sponsor outlining the specific financial contribution and your name. Include a corresponding bank statement.*
Marymount University does not discriminate on the basis of race, color, national origin, sex, age, disability, religion, sexual orientation, or any other protected class in any of its educational programs or activities.

For inquiries regarding nondiscrimination policies, contact the 504 coordinator, (703) 284-1615, or the Title IX coordinator, (703) 284-1511.

VISIT US
Graduate Admissions, Ballston Center
1000 North Glebe Road, Arlington, Virginia

The Graduate Admissions Office is on the ground floor of Marymount’s Ballston Center, located at the intersection of North Glebe Road and Fairfax Drive. The Ballston Center is right off I-66, at exit 71.

Marymount University is an equal opportunity institution committed to making programs and activities available to qualified students with disabilities. For questions regarding Marymount’s Disability Support Services, call (703) 284-1615.

CONTACT US
The mailing address is
Marymount University, Graduate Admissions
2807 N. Glebe Road, Arlington, VA 22207-4299

You may also contact the Graduate Admissions staff
by phone ...........................................(703) 284-5901 or (800) 548-7638
by fax .............................................................(703) 527-3815
by e-mail ........................................... grad.admissions@marymount.edu