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)
- Management and Leadership (M.S.)
- Nonprofit Management (graduate certificate)
- Organization Development (graduate certificate)

**COUNSELING AND PSYCHOLOGY**
- Clinical Mental Health Counseling (M.A.)
- Clinical Mental Health Counseling with Forensic and Legal Psychology option (M.A./M.A.)
- Counselor Education and Supervision (Ed.D.)
- Forensic and Legal Psychology (M.A.)
- Forensic and Legal 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.)

**EDUCATION**
- Administration and Supervision (M.Ed.)
- Elementary Education (M.Ed.)
- English as a Second Language (M.Ed.)
- Professional Studies (M.Ed.)
- Secondary Education (M.Ed.)
- Special Education, General Curriculum (M.Ed.)

**HEALTH PROFESSIONS**
- Health Education and Promotion (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**
- English and Humanities (M.A.)

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

**TECHNOLOGY**
- 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)
MARYMOUNT UNIVERSITY
Graduate Studies Application

APPLICANT INFORMATION

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

☐ Male ☐ Female

Name ____________________________

Last/Family/Surname ____________________________

First/Given/Personal ____________________________

Middle ____________________________

Previous Names ____________________________

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

Permanent Home Address:

Number and Street ____________________________ Apt. Number ____________________________

City ____________________________ State ____________________________ ZIP __________

Country ____________________________

Phone ____________________________ Cell ____________________________

E-mail ____________________________

Birthdate ____________________________

Religion (optional) ____________________________

Date ____________________________

Social Security # ____________________________

Current Address (if different from permanent address):

Number and Street ____________________________ Apt. Number ____________________________

City ____________________________ State ____________________________ ZIP __________

Country ____________________________

If you are not a U.S. citizen, please complete the required International Student Supplemental Information (ISSI) form, which is included with this application.

Those seeking an I-20 must also submit the Declaration of Finances with this completed application.

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 U.S. permanent resident? ☐ Yes ☐ No

Are you a U.S. citizen?

ENROLLMENT INFORMATION

☐ 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.S.)

☐ Business Administration/ Information Technology dual degree program (M.B.A./M.S.)

☐ Business Administration (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.) cohort

☐ Human Resource Management (cert.)

☐ Management and Leadership (M.S.)

☐ 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 and Legal Psychology option (M.A./M.A.)

☐ Counselor Education and Supervision (Ed.D.)

☐ Forensic and Legal Psychology (M.A.)

☐ Forensic and Legal 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.)

EDUCATION

☐ Administration and Supervision (M.Ed.)

☐ Elementary Education (M.Ed.)

☐ Professional Development School program

☐ Reston Elementary Education (M.Ed.) cohort

☐ English as a Second Language (M.Ed.)

☐ Professional Studies (M.Ed.)

☐ Secondary Education (M.Ed.)

☐ Reston Secondary Education (M.Ed.) cohort

☐ Special Education, General Curriculum (M.Ed.)

☐ Professional Development School program

THE HEALTH PROFESSIONS

☐ Health Education and Promotion Management (M.S.)

☐ Nursing — Family Nurse Practitioner (M.S.N.)

☐ Nursing — Family Nurse Practitioner (cert.)

☐ 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

☐ English and Humanities (M.A.)

INTERIOR DESIGN

☐ Interior Design (M.A.)

☐ Interior Design (M.A.) Track I

☐ Interior Design (M.A.) Track II

TECHNOLOGY

☐ 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>
</table>

Your name when attending, if different from current name:

Name ____________________________ Schools ____________________________

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

- [ ] GMAT Date(s) Taken __________
- [ ] GRE Date(s) Taken __________
- [ ] MAT Date(s) Taken __________
- [ ] Praxis Core Math Date(s) Taken __________
- [ ] ISAT Date(s) Taken __________
- [ ] VCLA Date(s) Taken __________

For non-native English speakers: [ ] TOEFL [ ] IELTS [ ] PTE Date(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

Social Security Number or Student ID Number

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

Name

Last/Family/Surname   First/Given/Personal   Middle   Previous Names

School

Dates of Enrollment   Degree/Year

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

Your 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.
IF YOU ARE A U.S. CITIZEN, YOU DO NOT NEED TO FILL OUT THIS FORM.
MARYMOUNT UNIVERSITY
International Student Supplemental Information (ISSI) Form

Completion of this form is required for all international student applicants who intend to enroll under F-1 (student visa) status. Please visit www.marymount.edu/admissions/international for all information regarding documents required to complete your admission application and obtain an I-20 (certificate of eligibility for an F-1 visa) from Marymount. The most up-to-date information on U.S. visas can be found at http://travel.state.gov/visa. Please print or type clearly.

Date ____________________________

Month/Day/Year

Name as it appears on your passport: ____________________________________________

Last/Family/Surname First/Given/Personal Middle Previous Names

Country of birth: ____________________________ Country of citizenship: ____________________________

Country of permanent residence: ____________________________

☐ Male  ☐ Female  Birthdate ____________________________

Month/Day/Year

Passport ID number: ____________________________ Passport expiration date: ____________________________

Email: ____________________________________________

Your physical address in your home country (REQUIRED):

________________________________________________________________________________________________________________________

Street Apt. No. City Province/Territory/State Zip Code/Postal Code Country

Current mailing address to which your I-20 will be sent. (P.O. boxes are not acceptable):

________________________________________________________________________________________________________________________

Street Apt. No. City Province/Territory/State Zip Code/Postal Code Country

Current phone outside U.S., including country code: (________)_________ Alternate phone (mobile, etc.): (________)_________

☐ I am currently outside the U.S.  ☐ I am currently in the U.S.

If in the U.S., indicate your current visa type: ____________________________ Expiration date of your current visa: ____________________________

Your current or most recent U.S. address (if applicable):

________________________________________________________________________________________________________________________

Street Apt. No. City Province/Territory/State Zip Code/Postal Code

Phone in the U.S., including area code: (________)_________

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

If yes, when? From ____________________________ To ____________________________

Month/Day/Year Month/Day/Year
What school (high school, university, or language school) are you currently attending? 

Dates of attendance: From ________________________________ To ________________________________  
Month/Day/Year  Month/Day/Year  

Emergency Contact: ________________________________  
Last/Family/Surname  First/Given/Personal  

Relationship to applicant: ________________________________  

Address:  

_________________________  
Street  Apt. No.  City  
_________________________  
Province/Territory/State  Zip Code/Postal Code  Country  

Phone, including country code: (_______) ________________________________  

Email: ________________________________  

Will your spouse and/or children accompany you as dependents?  ☐ No  ☐ Yes  
If yes, please provide the following information, in addition to photocopies of all dependents’ passports:  

Spouse’s full name: ________________________________  

Spouse’s birthdate: ________________________________  
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>
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</tr>
</tbody>
</table>

Please attach a copy of your passport ID page and (if applicable) your current immigration documents (I-20, etc.) and U.S. visa.
MARYMOUNT UNIVERSITY
Declaration of Finances

Under U.S. government regulations, all international students who will be attending a U.S. institution under F-1 visa status must demonstrate the ability to meet all expenses associated with their first academic year of study. This Declaration of Finances must be submitted to the Office of Admissions along with supporting financial documentation in the form of original bank statements signed and stamped by a bank official. Sponsoring agencies, governments, or companies must provide a letter that includes the student's name, amount of U.S. dollars to be provided each year, and the period of the award. This letter must be printed on official letterhead and include an official signature and stamp of the sponsoring institution. If financial documents are not in English, please provide certified translations. All financial documents must be dated within six months of the I-20 issuance. Please do not submit photocopies or electronic files of financial documents.

Student's Name
Last/Family/Surname   First/Given/Personal   Middle

Sponsor's Name
Last/Family/Surname   First/Given/Personal   Relation to Applicant

Sponsor's Address:
Street     Apt. No.     City
Province/Territory/State    Zip Code/Postal Code     Country

Phone, including area code: (_______)

Sponsor's assured support for 2014-15 academic year: U.S. $ ______________
Projected support for 2015-16: U.S. $ ______________
Projected support for 2016-17: U.S. $ ______________
Projected support for 2017-18: U.S. $ ______________

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.

Print Name of Sponsor: ___________________________     Date: ______________
Signature of Sponsor: ___________________________

For each additional sponsor, please attach a letter from the sponsor outlining the specific financial contribution and the sponsor's name and signature, along with the student's name. Include a corresponding bank statement.

STUDENT: I certify that the information provided here is complete and accurate. I will be responsible for adhering to all university tuition, room and board, and health insurance payment schedules.

Print Name of Sponsor: ___________________________     Date: ______________
Signature of Sponsor: ___________________________

Please return this form to the Office of Admissions, 2807 N. Glebe Road, Arlington, VA 22207-4299. Fax (703) 522-0349. Questions can be directed to Undergraduate or Graduate Admissions, (800) 548-7638.