

# MARYMOUNT UNIVERSITY

## International Student Supplemental Information (ISSI) Form

Office of Admissions • 2807 North Glebe Road, Arlington, Virginia 22207-4299 • Phone: (703) 284-1500 • Fax: (703) 522-0349

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](http://www.marymount.edu/admissions/international) for all information regarding documents required to complete your admissions application and obtain an I-20 (certification of eligibility for an F-1 visa) from Marymount. The most up-to-date information on U.S. Visas can be found at <https://travel.state.gov/content/travel/en/us-visas.html>. Please print or type clearly

Date: \_\_\_\_\_

Name as it appears on your passport:

\_\_\_\_\_  
*Last/Family/Surname*

\_\_\_\_\_  
*First/Given/Personal*

\_\_\_\_\_  
*Middle*

\_\_\_\_\_  
*Previous Name(s)*

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* *Postal/Zip 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* *Postal/Zip 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: \_\_\_\_\_  
*Month/Day/Year*

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

\_\_\_\_\_  
*Street* *Apt. No.* *City*

\_\_\_\_\_  
*Province/Territory/State* *Postal/Zip Code* *Country*

Current phone in the U.S. including area code: (\_\_\_\_) \_\_\_\_\_

Are you planning on leaving the U.S. before attending Marymount? ☐ Yes ☐ No

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 Postal/Zip Code Country

Current phone in the U.S. including area code: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Will your spouse and/or children accompany you as dependents? : ☐ Yes ☐ No

If yes, please provide the following information, in addition to photocopies of all dependents' passports:

Spouse's full name: \_\_\_\_\_

Spouse's birthdate \_\_\_\_\_  
Month/Date/Year

Spouse's country of birth: \_\_\_\_\_

Spouses country of citizenship: \_\_\_\_\_

Children (list additional children on a separate sheet):

Child 1: \_\_\_\_\_  
Name Date of Birth (Month/Day/Year) Gender

Country of Birth Country of Citizenship

Child 2: \_\_\_\_\_  
Name Date of Birth (Month/Day/Year) Gender

Country of Birth Country of Citizenship

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

**Please return all complete forms and supported documents to the appropriate Office of Admission via e-mail attachments ONLY:**

Undergraduate Admissions: [international.admissions@marymount.edu](mailto:international.admissions@marymount.edu)

Graduate Admissions: [grad.admissions@marymount.edu](mailto:grad.admissions@marymount.edu)

# MARYMOUNT UNIVERSITY

## Declaration of Finances

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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.

F-1 visa 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 if their course of study requires it). Summer enrollment is an additional cost. For the 2018-19 academic year, the estimated cost of attendance including living expenses, tuition, and fees for full-time enrollment is:

Undergraduate students: \$52,100 U.S. dollars

Graduate students: \$39,200 U.S. dollars

Graduate Business students: \$39,400 U.S. dollars

Doctor of Physical Therapy students: \$60,600 U.S. dollars

The additional financial support that must be demonstrated for each dependent of the student is \$7,000 for the spouse and \$4,500 for each child, per academic year. Please visit [www.marymount.edu/studentaccts](http://www.marymount.edu/studentaccts) or detailed information about the cost of attendance.

Students Name::

*Last/Family/Surname*

*Family/Given/Personal*

*Middle*

Sponsor's Name:

*Last/Family/Surname*

*Family/Given/Personal*

*Middle*

Sponsors Address:

*Street*

*Apt. No.*

*City*

*Province/Territory/State*

*Postal/Zip Code*

*Country*

Phone, including country/area code: ( )

Sponsor's Assures support for 2018-2019 academic year: U.S. \$

Projected support for 2019-20: U.S. \$

Projected support for 2020-21: U.S. \$

Projected support for 2021-22: 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 Student: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

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Graduate Admissions: [grad.admissions@marymount.edu](mailto:grad.admissions@marymount.edu)