

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 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 may be found at www.travel.state.gov/visa. Please print or type clearly.

Date: _____
MM/DD/YYYY

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: _____
MM/DD/YYYY

Passport ID number: _____ Passport expiration date: _____
MM/DD/YYYY

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: _____
MM/DD/YYYY

Your current or most recent U.S. address (if applicable): _____
Street Apt. No.

City 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: _____

What school (high school, university, or language school) are you currently attending? _____

Date of attendance: From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY

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: _____
MM/DD/YYYY

Spouse's country of birth: _____

Spouse's country of citizenship: _____

Children (List additional children on a separate sheet):

<i>Name</i>	<i>Date of Birth</i>	<i>Country of Birth</i>	<i>Country of Citizenship</i>	<i>Gender</i>

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
Graduate Admissions: grad.admissions@marymount.edu