

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 (1-20, etc.) and U.S. visa.

Please submit all completed forms and supporting documents by uploading them to your admissions portal. If you are unable to upload these documents or have any questions please send them to:

Undergraduate Admissions: www.apply.marymount.edu/apply OR international.admissions@marymount.edu

Graduate Admissions: www.applygrad.marymount.edu/apply OR grad.admissions@marymount.edu