

Office of Undergraduate Admissions
 Notre Dame of Maryland University
 Send this completed form via email to: Processing@ndm.edu
 Or to Carol McDaniel: cmcdaniel@ndm.edu

INTERNATIONAL STUDENT APPLICATION FORM

A. General Information

| | |
|-------------------------------|--|
| LENGTH OF STUDY AT NOTRE DAME | <input type="checkbox"/> One Semester <input type="checkbox"/> Two Semesters <input type="checkbox"/> Other (please be specific) <input type="checkbox"/> Two Years <input type="checkbox"/> Four Years |
| BEGINNING DATE | <input type="checkbox"/> Fall Year: _____ <input type="checkbox"/> Spring Year: _____ |
| DATE OF BIRTH | Month: _____ Day: _____ Year: _____ |
| GENDER | <input type="checkbox"/> Male <input type="checkbox"/> Female |

B. Personal Data – Please enter your name exactly as it appears (or will appear) in your passport

| | |
|--|--|
| FIRST NAME/LAST NAME | |
| MIDDLE NAME | |
| ANY PREVIOUS NAMES | |
| CURRENT ADDRESS: STREET NAME & NUMBER | |
| CITY, STATE/PROVINCE | |
| COUNTRY & POSTAL CODE | |
| TELEPHONE NUMBER | |
| FAX NUMBER | |
| E-MAIL ADDRESS | |
| CLASS YEAR | |

C. Information Required for US Visa Certificate

| | |
|--------------------------------------|--|
| CITY AND COUNTRY OF BIRTH | |
| COUNTRY OF CITIZENSHIP | |
| COUNTRY OF LEGAL RESIDENCE | |
| IS ENGLISH YOUR NATIVE LANGUAGE? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF NO, WHAT IS YOUR NATIVE LANGUAGE? | |
| CURRENT MAJOR – AREA OF STUDY | |
| CURRENT MINOR/CONCENTRATION | |
| PERMANENT HOME ADDRESS | |
| COUNTRY & POSTAL CODE | |

D. Emergency Contact Information

| | |
|----------------------------------|--|
| NAME OF EMERGENCY CONTACT PERSON | |
| TELEPHONE NUMBER OF CONTACT | |
| RELATIONSHIP TO STUDENT | |

Applicant's Signature

Date