

Office of Undergraduate Admissions
 Notre Dame of Maryland University
 Send this completed form via email to Kala Horvat at
khorvat@ndm.edu

INTERNATIONAL STUDENT INTAKE 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 _____