



International Student Supplemental Application

The following information is required by the United States Immigration and Naturalization Service (INS) in order to conduct a review of an applicant for the issuance of an I-20 application. Loyola College in Maryland will submit this information electronically to INS. Once approved, INS will electronically transmit the I-20 back to Loyola to submit to the applicant.

A. Student Information (Applicant)

Name _____
FIRST MIDDLE LAST SUFFIX

Address _____
NUMBER AND STREET

_____ CITY STATE/PROVINCE COUNTRY ZIP/POSTAL CODE

Phone: _____
AREA OR COUNTY CODE/PHONE NUMBER

Country of Citizenship _____ City and Country of Birth _____

Date of Birth (MM/DD/YYYY) _____ Country of Residence _____

Native Language _____ Primary Language _____ Secondary Language _____

Years of instruction in English if Secondary Language _____

Country where English was studied if Secondary Language _____

Gender: Male Female Unknown

B. Dependent Information (Secondary: spouse and children)

Name _____
FIRST MIDDLE LAST SUFFIX

Address _____
NUMBER AND STREET

_____ CITY STATE/PROVINCE COUNTRY ZIP/POSTAL CODE

Phone: _____
AREA OR COUNTY CODE/PHONE NUMBER

Country of Citizenship _____ City and Country of Birth _____

Date of Birth (MM/DD/YYYY) _____ Country of Residence _____

Visa Type _____ Relationship _____

Gender: Male Female Unknown

I affirm that the information provided is accurate and true to the best of my knowledge. I understand that submission of fraudulent information could result in denial of a visa application or may subject me to deportation once in the United States.

Signature _____ Date _____

To avoid a delay in the processing of a student visa, please complete this application promptly. All documentation from the International Applicant Procedures and Inventory Listing must be received before a student visa can be issued.

Applications should be sent to: The Graduate Programs, Office of Graduate Admission, Loyola College in Maryland, 4501 North Charles Street, Baltimore, MD 21210-2699; Telephone: 410-617-5020 or 800-221-9107; Fax: 410-617-2002.