

ADMISSIONS SUPPLEMENT
TO BE COMPLETED BY APPLICANTS WHO ARE NOT UNITED STATES CITIZENS
2026-2027 Academic Year

If you are an applicant with citizenship in a country other than the United States, please submit this form to the Office of Admissions together with your application materials and the two standardized test scores noted below.

1. TOEFL (Test of English as a Foreign Language). Our institutional code is 8751, and our program requires a score in the range of 92 points or higher.
2. G.R.E. (Graduate Records Examination) scores. Our institutional code is 3533.

Upon admission the following must be submitted to the Office of Admissions:

1. This form fully completed and signed by the applicant.
2. A letter from a sponsor in the United States willing to maintain full financial responsibility for the student during his/her time of study at the Institute, or an official copy of the student's or parent's bank statement verifying sufficient funds for educational and living expenses for the duration of one year.
3. If the applicant is a priest or religious, a statement of funding must be provided from his bishop or his/her superior. If the priest or religious has a place to reside, which is funded by the diocese or a local religious house, please include this information. This fact may reduce the cost of attendance and the amount of funding the student must demonstrate.

Full Name

(Last) (First) (Middle)

Permanent Home Address

Local address in the Washington area:

Street: _____

City: _____ State: _____ Zip code: _____

Telephone: _____

Place of Birth: _____ Date of Birth _____

City State Country month/day/year

Citizenship _____ Visa No. _____ (if available)

(Please provide a copy of your visa when it is obtained.)

Lay (____married ____single ____widowed ____separated ____consecrated)

Diocesan Clergy (specify diocese, name, & address of bishop)

Religious or Consecrated Lay (specify community, province, name, & address of superior)

Does your community have a house in the United States? _____

If so, please specify the name & address of the local superior.

Do you have health insurance? (check) Yes No

If so, what kind? _____ Carrier _____

Please indicate the person who will be financially responsible for you during your stay in the United States.

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Financial Statement: (Necessary for creation of I-20 form)

Tuition	\$ 20,000	Student's personal funds (required)	\$ _____
Estimated fees/Books	1,250	Funds from another source	\$ _____
Living expenses (minimum)	25,000	(specify type and source)	\$ _____
Health insurance(approximate)	4,000	Health Insurance _____(Yes/No)	
Total	\$ 50,250	Total amount	\$ _____

Please note that the amount of funding from the applicant or his/her documented resources must match or exceed the total amount of expenses calculated in the cost of attendance for one academic year.

Signature _____ Date _____