



HAMPDEN-SYDNEY COLLEGE

Supplemental Information

Your Name _____

Address _____

STREET & NUMBER

CITY _____

COUNTRY _____

POSTAL CODE _____

TELEPHONE _____

Please check the type of visa that you now hold or plan to request:

_____ Student (F) _____ Exchange Visitor (J) _____ Diplomatic (A-1 or A-2)

_____ Visitor (B-2) _____ International Organization (G-4) _____ Other _____

If you have immigrant status, please indicate the following:

Your alien registration number _____

Date alien registration card was received _____

Date your visa will expire _____

Date your passport will expire _____

Name and address of person to contact in the United States in case of emergency (if available):

Name _____

Address _____

STREET & NUMBER

CITY _____

STATE _____ ZIP CODE _____

(_____) TELEPHONE _____

Relationship to you _____

Please describe here your fluency in the English language.

Language spoken at home _____

Years of formal study of English: High School _____ University _____

How would you rate your fluency in English? _____ Native speaker _____ Conversational fluency

_____ Basic fluency _____ Beginner

Please tell us anything else which might help us while considering your application:

(over)

International Application Supplement

SPECIAL QUESTIONS FOR STUDENTS FROM OUTSIDE THE UNITED STATES OF AMERICA

Please return this form with your application, to the Admissions Office, P. O. Box 667, Hampden-Sydney College, Hampden-Sydney, Virginia 23943 USA.

NOTE: *Certified English translations of supporting documents from the secondary level and above must accompany this application.*

