

# International Applicant Supplement - Part 1

First Name:	Last Name
<input type="text"/>	<input type="text"/>

International Student Type:      Select one            *First Time Freshman*

     *Transfer*            *Graduate*

Primary Country of Citizenship	Secondary Country of Citizenship:
<input type="text"/>	<input type="text"/>

Primary Email Address	Alternate Email Address
<input type="text"/>	<input type="text"/>

Primary Telephone	Alternate Telephone
<input type="text"/>	<input type="text"/>

**MAILING ADDRESS:**

Mailing Address Line 1:      Mailing Address Street

Mailing Address Line 2      Mailing Address Apartment #, Suite #, Loft #, etc.

Mailing Address Line 3      Mailing Address City, State , Zip

Mailing Address Line 4      Mailing Address Country

**PERMANENT ADDRESS:**

Permanent Address Line 1      Permanent Address Street

Permanent Address Line 2      Permanent Address Apartment #, Suite #, Loft #, etc.

Permanent Address Line 3      Permanent Address City, State , Zip

Permanent Address Line 4      Permanent Address Country

# International Applicant Supplement - Part 2

## AGENT

If you are using a third party individual or organization, paid or unpaid, to assist you with your application process at Virginia State University, please provide the information requested below.

I am not using anyone to assist me with my application.

To assist me with my application, I am using the person and/or agency identified below.

I give consent to the University to release information concerning my application and the admissions process verbally, in writing, or in the form of copies of written records to the agent/agency listed below. In the absence of a written statement from me to the contrary, such consent will expire upon completion of the admissions process.

### AGENT ADDRESS:

Agent / Agency Name

Agent Address Line 1      Agent Street Address

Agent Address Line 2      Agent Apartment #, Suite #, Loft #, etc.

Agent Address Line 3      Agent City, State , Zip

Agent Address Line 4      Agent Country

Agent Email Address

Agent Telephone

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Applicant Signature

Applicant Signature Date

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Please return this International Applicant Supplement form to Virginia State University as follows:

<p>First Time Freshman Admissions P. O. Box 9018 Virginia State University, VA 23806 (804) 524-5055 (Fax) <a href="mailto:admiss@vsu.edu">admiss@vsu.edu</a></p>	<p>Transfer Admissions P. O. Box 9054 Virginia State University, VA 23806 (804) 524-6981 (Fax) <a href="mailto:transferadmissions@vsu.edu">transferadmissions@vsu.edu</a></p>	<p>Graduate Admissions P. O. Box 9018 Virginia State University, VA 23806 (804) 524-5055 (Fax) <a href="mailto:gradadmiss@vsu.edu">gradadmiss@vsu.edu</a></p>
--	---	---

Failure to provide this information may delay or prevent the processing of your Form I - 20.