



INTERNATIONAL STUDENT & SCHOLAR SERVICES

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Data Collection Form

Name as it Appears in your Passport: _____
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Date of Birth (MM/DD/YYYY): _____ Sex (M/F): _____

Country of Citizenship: _____ Country of Permanent Residence: _____

Foreign Address: _____
Street Address City, State/Province Postal Code Country

Foreign Phone Number: _____ Email Address: _____

University of Maryland Faculty Host/Supervisor Name: _____

Foreign Employer or Affiliated Institution Name: _____

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I am conducting research in _____.

Fill in this chart with information about [financial support](#) for your visit to the University of Maryland.

Source of Funding	Amount of Funding	Required Documentation
University of Maryland		No documentation required.
Home Government/Institution		Letter from the government/institution detailing the period of time that funding covers and the amount of funding.
Personal/Family Funds		Bank statements or other documents verifying financial support.
Other:		

For Department/Faculty Supervisor Use Only

Field of Study: _____
Browse fields of study [here](#).

Site(s) of Activity: _____

Purpose of research: _____