UNIVERSITY OF ARKANSAS

Office of Graduate and International Recruitment and Admissions 340 N. Campus Drive • Gearhart Hall 213 • 1 University of Arkansas Fayetteville, Arkansas 72701 USA

Tel: 1-479-575-6246 • Fax: 1-479-575-5055



SUPPLEMENTAL AND FINANCIAL INFORMATION FORM

for International Students

If you need an F-1 or J-1 visa (or if you are in the United States and will continue your F-1 or J-1 nonimmigrant status), you are required to certify that you will have adequate support for your program of study at the University of Arkansas. Full support for your first year must be guaranteed, and support for subsequent years must be estimated. If you do not need to meet or maintain F-1 or J-1 status, you do not need to submit this form.

1. Name:								
Last (Surname) or Family Name			First Name			Middle Name		
2. Date of Birth:			Gender:	☐ Female	☐ Male	Marital status:	☐ Single ☐	Married
Month	Day	Year						
3. City of Birth:		Coun	try of Birth:			Country of Citizen	enship:	
4. Type of Immigration 15. Mailing address:(<i>Note</i>					C	Visa None request express ma	il. See below.)
Number and Street	Town/C	ity		Province	/State	Co	untry	Postal Code
For express mailing: The tion document (I-20 or D) 3-5 days. When your I-2	S-2019). This exp	ress mail servic	e will allow	you to receive	your documen	ts through the carrie	r of your choi	ce, typically within
6. If you are currently in 'N' followed by 10 dig								
7. <u>Dependents</u> : Do you If yes, list full informa expenses cost sheet at children, you must als Dependent information for	tion below for each do thttp://iao.uark.edu f o provide a birth cer	ependent. You m	ust show suff	icient funds to c	ose a copy of th	dents' expenses while e name page of each	n dependent's p	passport, PLUS: for
			Date of Birt	h:	Place of	birth		Gender □ F □ M
Surname	First	Middle	_	Month/Day/Y		City, C	ountry	-
Dependent information for <u>CHILDREN</u> (if additional spac Name			, please use of te of Birth	her side of for	Place of birth		oaper): Gender□ F □ M	
Surname	First	Middle	Mor	nth/Day/Year		City, Country		Gender □ F □ M
Surname	First	Middle	Mor	nth/Day/Year		City, Country		_ Gender□ F□ M
Surname	First	Middle	Mor	nth/Day/Year		City, Country		
8. Sources and amount a. FROM SAVINGS	OR PERSONAL F	JNDS						\$
,		•					1	,
b. FROM FAMILY O (Complete the a						ng the availabilty of t		\$
c. SALARY WHILE								\$
d. FINANCIAL SUPP								.\$
(Enclose the must be in E	original form or offi	cial copy of your y the sponsoring	organization,	academic term	(s), billing address	ne statement of finances, and level and field ands will be paid.)		-
e. FINANCIAL SUPI	PORT FROM THE	JNIVERSITY O	FARKANS	AS				\$
(You must appl consideration,	y separately for unde	rgraduate scholar tly to your acade	rships at http emic departm	://scholarships. ent. If seeking	uark.edu/. For g undergraduate s	raduate assistantship cholarships or gradua		
TOTAL SUPPORT FOR	FIRST YEAR OF S	STUDY AT THE	UNIVERSIT	YOFARKAN	SAS			\$

9. Person(s) to whom confidential information and	d/or documents may be released:	
Information will not be released to persons not	•	
	one at the University of Arkansas (other than International Admission	ons), please list such persons and/or
	metown newspaper:	
·	sity of Arkansas?	
	he second and subsequent years at the University of Arkansas?	
14. If you do not meet our English proficiency red	quirement, are you interested in attending our on-campus intensive E	English program prior to your academic
program?	the TOEFL or IELTS and submit a new score.	
Applicant's Signature	A EEID AVIT OF CUIDDOD'T	Date
(To be completed by s	AFFIDAVIT OF SUPPORT sponsor - attach additional pages if receiving support from more than o	ne sponsor.)
In consideration of the admission of		
	Student's Name	1
who is my	, as a student at the University of Arkansas for the academic ye	Semester and Year
I certify that I am able, willing, and do promise to	provide him/her with the minimum amount of USD \$	for his/her expenses during
said academic year. Evidence of my financial reso	purces in the form of a bank statement accompanies this affidavit of s	support.
Name of Sponsor	Signature of Sponsor	Date
Address of sponsor:		

This form must be accompanied by a bank statement unless you have enclosed an official copy or statement of your award from your sponsor. Without the items mentioned above, your application will not be considered complete, and you will not receive the immigration Form I-20 or DS-2019.

You are advised to keep copies of all financial documents submitted to the University of Arkansas. Similar information will be required by the United States Consular Office when you apply for your visa and, in come cases, by the Department of Homeland Security when you apply for a transfer within the United States, issuance of dependent I-20s or DS-2019s for spouse or children, extension of an F-1 or J-1 program, or change of status to F-1 or J-1.

You may print and mail this completed form and accompanying documentation of support to:

International Admissions Office 340 N. Campus Drive • Gearhart Hall 213 • 1 University of Arkansas Fayetteville, AR 72701 USA