## **U**NIVERSITY OF **A**RKANSAS

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. Nan        |  |                                     |                   |                 |                   |                   |  |             |            |        |            |
|---------------|--|-------------------------------------|-------------------|-----------------|-------------------|-------------------|--|-------------|------------|--------|------------|
|               | Last (S  | urname) or Family Name              |                   |                 | First Na          | ne                | Middle   | Name        |            |        |            |
| 2. Date       | e of Birth:  | Day                                 | 37                | _ Gender:       | Female            | Male              | Marital status:                                  | Single      | Married    | ı      |            |
| 3. City       |  | Day                                 | Year<br>Cou       | ntry of Birth:  |                   |                   | Country of Citize                                | nship:      |            |        |            |
| 4. <b>Dep</b> | endents: Do you  | have any dependen                   | ts who will com   | ne with you to  | the U.S.?         | Yes No            |  |             |            |        |            |
| -             |  | below for each depe                 |                   |                 |                   | your dependents   | 'expenses while in the                           | U.S. Note:  | F-2 deper  | ndents | 3          |
| depend        |  | US: for children, you               | -                 |                 |                   |                   | nclose a copy of the n<br>n or legal guardianshi |             |            | u mus  | i <i>t</i> |
| Depend        | dent information fo  | or SPOUSE:                          |                   |                 |                   |                   |  |             |            |        |            |
|               |  |                                     |                   | _Date of Birth  | 1:                | Place of b        | oirth  |             | _Gender    | F      | M          |
|               | Surname  | First                               | Middle            |                 | Month/Day/Y       | /ear              | City, Co   | untry       |            |        |            |
| Depen         | dent information f   | or CHILDREN (in                     | f additional spa  | ce is needed,   | please use of     | her side of forr  | n or attach addition                             | al sheet of | paper):    |        |            |
|               | Name   |                                     |                   | Dat             | te of Birth       |                   | Place of birth                                   | ı           | Gender     | F      | M          |
|               | Surname  | First                               | Middle            | Mont            | th/Day/Year       | <del></del>       | City, Country                                    |             | Gender     |        | M          |
|               | Surname  | First                               | Middle            | Mont            | th/Day/Year       |                   | City, Country                                    |             |            |        | M          |
|               | Surname  | First                               | Middle            | Mont            | h/Day/Year        |                   | City, Country                                    |             |            |        |            |
|               | ng will come fron<br>FROM PERSO  | n more than one                     | source, please    | check all tha   | t apply):         |                   | U.S. dollars availal                             |             |            |        |            |
| c.            | OTHER (chec  | k from list belov                   | v)                |                 |                   |                   |  |             |            |        |            |
|               | <ul><li>Scholarship</li><li>Athletic Scl</li><li>Sponsoring</li><li>Graduate A</li></ul> | Institution                         | ely for undergrad | uate scholarshi | ps at http://scho | olarships.uark.ed | u/)  |             |            |        |            |
| 9. How        |  | eet your expenses common question i |                   |                 | -                 | •                 | kansas?  |             |            |        |            |
|               | 0 •  |                                     | •                 |                 | _                 | ,                 | that it correctly rep<br>ersity of Arkansas.     |             | e funds av | vaila  | ble to     |
|               | Applicant's Sig  | nature                              |                   |                 |                   |                   |  | Date        |            |        |            |

## **AFFIDAVIT OF SUPPORT**

(To be completed by sponsor - attach additional pages if receiving support from more than one sponsor.)

| In consideration of the admission of _               |  |                            |
|--|--|----------------------------|
|  | Student's Name   |                            |
| who is my  | , as a student at the University of Arkansas for the academic year beg                   | inning                     |
| Relationship   |  | Semester and Year          |
| I certify that I am able, willing, and do            | promise to provide him/her with the minimum amount of USD \$                             | up to the maximum amount   |
| of USD \$ for accompanies this affidavit of support. | or his/her expenses during said academic year. Evidence of my financial resources in the | e form of a bank statement |
| Name of Sponsor                                      | Signature of Sponsor   | Date                       |
| Address of sponsor:                                  |  |                            |

This form must be accompanied by a bank statement (dated within the last six months) unless you have enclosed an official copy or statement of your award from your sponsor. If it is not in your name, please have the account owner fill out the Affidavit of Support (above). The bank statement should clearly show the account owners name, bank name, currency type, date, and available balance. Please do not upload statements with multiple pages outlining individual transactions. Only the page showing the bank information, date, account owners' information, currency type, and available balance is needed.

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 upload this completed form to your UAConnect applicant center by clicking the "Upload Documents" link.