## **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. Nam					E N		MC LIII.	N			
Last (Surname) or Family Name				First Name		Middle Name					
2. Date	of Birth:	Day	Year	_ Gender:	Female	Male	Marital status:	Single	Married		
3. City	of Birth:		Cou	intry of Birth:			Country of Citizer	nship:			
4. Type	e of Immigration fo	rm desired:	I-20 for F-1 Stu	dent Visa	DS-2019 for	J-1 Exchange	Visa None				
5. Mai	ling address:(Note:	We will use this	address to mail	your I-20. We	send U.S. airi	mail unless yo	u request express mai	l. See belo	w.)		
Number a	and Street	Town	/City		Province/S	State	Cour	ntry	Postal	Code	
tion do	cument (I-20 or DS	-2019). This ex	press mail serv	ice will allow y	ou to receive	your documen	g of your admission p ts through the carrier t your shipping service	of your cho	oice, typica	ally w	_
							what is your SEVIS I ast attach a copy of you				
If yes exper	nses cost sheet at htt	below for each d tp://iao.uark.edu t covide a birth cert	ependent. You m for additional am	ust show suffici- nounts needed.	ent funds to cov Please enclose	e a copy of the	ents' expenses while in to name page of each de or a spouse, you must p	pendent's p	assport, Pl	LUS:	for
		F' .	NC III	Date of Birth	1:Month/Day/Ye		birth		_Gender	F	M
Danana	Surname	First	Middle	boboor oi ooo	•		City, Cou rm or attach addition	·	nanan):		
Берепа	Name		r additional sp		te of Birth	iler side of for	Place of birth		paper).		
									Gender	F	M
	Surname	First	Middle	Mont	th/Day/Year		City, Country		Gender	F	M
	Surname	First	Middle	Mont	th/Day/Year		City, Country		— Gender	F	M
	Surname	First	Middle	Mont	th/Day/Year		City, Country				
	se let us know hov ng will come from FROM PERSON	more than one	•			ate amount in	U.S. dollars availal	ole from ea	ach sourc	e bel	ow (If
b.	FROM FAMILY (	OR FRIENDS							\$		
с.	FROM FAMILY OR FRIENDS SALARY WHILE ON LEAVE OF ABSENCE FROM JOB										
d.	SPONSORSHIP (GOVERNMENT AGENCY, PRIVATE FOUNDATION, OR OTHER ORGANIZATION)										
	Name of sponsoring organization:  ESTIMATED SUPPORT FROM THE UNIVERSITY OF ARKANSAS (CHECK BOX BELOW)										
e.									\$		
	<ul> <li>Scholarship (must apply separately for undergraduate scholarships at http://scholarships.uark.edu/)</li> <li>Athletic Scholarship</li> <li>Graduate Assistantship (must directly contact department). Please note that assistantships may not cover all estimated costs. If you have additional funding available to you, please indicate by checking another source above.</li> </ul>										
TOTAL	, and the second		•	. •					\$		
							ternational-admissions.studies/funding-studies.				es/

9. Person(s) to whom confidential information and/or documents	s may be released:											
Information will <b>not</b> be released to persons not listed without	your written permission.											
0. If you have been in correspondence with anyone at the University of Arkansas (other than International Admissions), please list such persons and/or offices:												
11. Name, address, and email address of your hometown newspaper:												
12. How long do you plan to study at the University of Arkansa	as?											
13. How do you plan to meet your expenses for the second and subsequent years at the University of Arkansas?												
14. If you do not meet our English proficiency requirement, are	you interested in attending our on-campus intensi	ve English program prior to your academic										
program? Yes No, I will take/retake the TOEFL or IELTS and submit a new score.												
By signing my name to this form, I certify that all of the ir me. These funds can and will be used to finance my acade		Arkansas.										
Applicant's Signature	Date											
	AFFIDAVIT OF SUPPORT  a additional pages if receiving support from more th	an one sponsor.)										
In consideration of the admission of												
who is my, as a stu	Student's Name	nic year heginning										
Relationship	dent at the entirely of Arkansas for the academ	Semester and Year										
I certify that I am able, willing, and do promise to provide him/h	er with the minimum amount of USD \$	for his/her expenses during										
said academic year. Evidence of my financial resources in the fo	orm of a bank statement accompanies this affidavi	t of 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 upload this completed form to your UAConnect applicant center by clicking the "Upload Documents" link.