

UNIVERSITY OF ARKANSAS

Office of Graduate and International Recruitment and Admissions
747 West Dickson Street #8 • 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. The Form I-20 or DS-2019 will not be mailed until you have satisfactorily completed this form and returned it to the Office of Graduate and International Recruitment and Admissions with appropriate documentation. 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. Mailing address: (Note: We will use this address to mail your I-20. We send U.S. airmail unless you request express mail. See below.)

4. City of Birth: _____ Country of Birth: _____ Country of Citizenship: _____
Number and Street Town/City Province/State Country Postal Code

5. Type of Immigration form desired: I-20 for F-1 Student Visa DS-2019 for J-1 Exchange Visa None

6. If you are currently in the U.S., indicate your status: _____. If your status is F-1, F-2, J-1, or J-2, what is your SEVIS ID number (begins with the letter 'N' followed by 10 digits)? _____. If you are in F or J status in the U.S. you must attach a copy of your most recent I-20 or DS-2019.

7. Dependents: Do you have any dependents who will come with you to the U.S.? Yes No

If yes, list full information below for each dependent. You must show sufficient funds to cover your dependents' expenses while in the U.S.— Please see our estimated expenses cost sheet at <http://www.uark.edu/ua/iao/forms/costsheet.pdf> for additional amounts needed. Please enclose a copy of the name page in each dependent's passport.

Dependent information for SPOUSE:

_____ Date of Birth: _____ Place of birth: _____ Gender F M
Surname First Middle Month/Day/Year City, Country

Dependent information for CHILDREN (if additional space is needed, please use other side of form or attach additional sheet of paper):

Name			Date of Birth	Place of birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M
_____	_____	_____	_____	_____	_____
Surname	First	Middle	Month/Day/Year	City, Country	Gender <input type="checkbox"/> F <input type="checkbox"/> M
_____	_____	_____	_____	_____	_____
Surname	First	Middle	Month/Day/Year	City, Country	Gender <input type="checkbox"/> F <input type="checkbox"/> M
_____	_____	_____	_____	_____	_____
Surname	First	Middle	Month/Day/Year	City, Country	Gender <input type="checkbox"/> F <input type="checkbox"/> M

8. Sources and amounts of financial support (indicate amounts in U.S. dollars). If your funding will come from more than one source, indicate the amount from each source below. The total amount must meet or exceed the current estimated expenses per year.

a. FROM SAVINGS OR PERSONAL FUNDS\$ _____
(Enclose bank statement or letter signed by bank official. If not in English, the bank statement or letter must be accompanied by a translation.)

b. FROM FAMILY OR FRIENDS\$ _____
(Complete the affidavit of support on the back of this form. It must be accompanied by a bank statement showing that the family member or friend has adequate financial resources.)

c. SALARY WHILE ON LEAVE OF ABSENCE\$ _____
Name and location of employer (Enclose letter from employer.) _____

d. FINANCIAL SUPPORT FROM GOVERNMENT AGENCY, PRIVATE FOUNDATION, OR OTHER ORGANIZATION\$ _____
Name of sponsoring organization: _____
(Enclose the original form or official copy of your award as evidence of financial support. The statement of financial support must be in English; it must specify the sponsoring organization, academic term(s), billing address, and level and field of study for which it is valid. It must also specify the U.S. dollar amount you will receive and how the funds will be paid.)

e. FINANCIAL SUPPORT FROM THE UNIVERSITY OF ARKANSAS\$ _____
(You must apply separately for undergraduate scholarships at <http://scholarships.uark.edu/>. For graduate assistantship consideration, you must apply directly to your academic department. If seeking undergraduate scholarships or graduate level assistantships, please check here: . If you have been offered an athletic scholarship, please check here: .)

TOTAL SUPPORT FOR FIRST YEAR OF STUDY AT THE UNIVERSITY OF ARKANSAS\$ _____
(Total must equal or exceed current estimated total academic year expenses per our cost sheet at <http://www.uark.edu/ua/iao/forms/costsheet.pdf>.)

9. Person(s) to whom confidential information and/or documents may be released: _____

*Information will **not** be released to persons not listed without your written permission.*

10. 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 Arkansas? _____

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 intensive 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 information I have given is true, and that it correctly represents the funds available to me. These funds can and will be used to finance my academic and living expenses at the University of Arkansas.

Applicant's Signature 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 beginning _____,

Relationship

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 resources in the form of a bank statement accompanies this affidavit 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 in the form 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 some cases, by the Department of Homeland Security when you apply for a transfer within the United States, issuance of dependent I-02s 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.

Mail this completed form and accompanying documentation of support to:

**International Admissions Office
747 W. Dickson St. #8 • 1 University of Arkansas
Fayetteville, AR 72701 USA
Or fax to: 1.479.575.5055**

For express mailing: If you wish to have your admission packet with I-20 sent to you via express mail, please enclose a separate check or money order for USD \$50 drawn on a U.S. bank. Do not include this amount in your application fee, as these funds go to different places for processing. If you wish to pay the express mail fee via credit card, you must call us at 1.479.575.6246 and indicate that you wish to do this. **To ensure your privacy and security, please do not email or send credit card information with this form.** We can take credit card payment by telephone only, and your credit card information is not copied or stored in any way.