

Office of International Services
University of Arkansas at Little Rock
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Little Rock, AR 72204

Phone: 501-683-7566
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Fact Sheet for J-1 Exchange Visitor Visa Applications

NAME AS IT APPEARS ON YOUR PASSPORT:

Given Name/ First Name _____

Middle Name _____

Family Name/ Last Name _____

DEMOGRAPHICS

- Male Female
- Single Married

Date of Birth _____ City of Birth _____
(mm/dd/yyyy)

IMMIGRATION

Country of Birth _____ Country of Citizenship _____

Country of Legal Residence _____

Position in Home Country _____

Current Employer _____

Have you been physically present in the U.S. in J-1 or J-2 status during the past 12 months?

- Yes, physical presence in last 12 months**
- No, not present in U.S. in last 12 months

If yes, please mail/fax copies of all previous DS-2019 (formerly known as IAP-66) forms and provide dates of initial entry (MM/DD/YY format) to the U.S. and last exit:

FUNDING

Are you receiving funds from any department at UALR?

- Yes
- No

If any organization, other than UALR, is providing funding for your visit please provide documentation from that organization. The documentation must be in English with funds shown in US dollars.

If yes, please give dollar amount (In U.S. dollars) \$ _____

Are you receiving funds from any other organization? Yes No

If yes, Name of Organization _____

Is it a government agency? Yes No

Was this money given to you for the purpose of conducting research or receiving educational opportunities in a country outside of your own?

- Yes
- No

If you are coming for a year, you must provide funding for at least \$16,000. If you are coming for less than a year, you must submit funding at the rate of \$1400 a month. This does not include dependent funding of \$2500 for the year. These funds must be provided on an original bank letter on letter stationary which states the amount of money (in US dollars) you have available. You may fax the letter to (501) 683-7567. Please bring the original with you to the U.S.

HOME COUNTRY INFORMATION

Provide the mailing address (street address) where you wish to receive the DS-2019 and other visa information.

Address:

Telephone: _____ Fax: _____

Email: _____

Anticipated date of arrival (mm/dd/yy): _____
Anticipated length of stay (mm/dd/yy): _____

Under the regulations of the Exchange Visitor Program, only the spouse and minor (under 21 years of age) unmarried children may accompany the Exchange Visitor as a dependent. If you are married and plan to bring your family to UALR, please complete the dependent information section and answer the following:

How many members of your immediate family will travel with you (on the same flight) to the U.S. (not including you)? _____

How many members of your immediate family will join you later in the U.S.? _____
(Documents for these family members will be sent when they are ready to travel)

DEPENDENT INFORMATION

Name _____
Family, Given
Relationship _____
Date of Birth _____
City & Country of Birth _____
Citizenship _____

Name _____
Family, Given
Relationship _____
Date of Birth _____
City & Country of Birth _____
Citizenship _____

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