

OFFICE OF INTERNATIONAL SERVICES
UNIVERSITY OF ARKANSAS AT LITTLE ROCK
STABLER HALL 105 • 2801 S. UNIVERSITY AVE
LITTLE ROCK, AR 72204

PHONE: 501-683-7566
FAX: 501-683-7567

J-1 Visa Request Form (To be completed by Department sponsoring Exchange Visitor)

Visitor _____ () Male
Family Name First Middle () Female

() Married
Date of Birth _____ () Single Citizen of _____

Occupation at Home _____

UALR can issue sponsorship documents in any increments of time up to five years if funding is stable. By requesting more than one year, you are confirming that funding is expected to be available for the entire period. If funding is from a source other than UALR we must receive official documentation from the funding source for the period of the document validity. Please specify the period for which you would like the document to be issued:

Date document is to begin _____ Date document is to end _____

Title at UALR _____ Dept. _____

Objective of Visit (Describe in layman's terms the nature of the research or academic pursuit in which visit will engage:)

All Exchange Visitors must have funding for \$16,000 for one year of participation at UALR. If coming for less than a year funding of \$1400 a month is required with \$2500 per dependent.

Paid by UALR \$ _____ per year/month Check one: Scholar _____ or Faculty _____

U.S. Government Agency \$ _____ per year/month Foreign Visitor's Govt US \$ _____

Other Organization(s) \$ _____ per year/month Name _____

Personal Funds \$ _____ per year/month

Signature _____
(Participating Faculty Member)