**UNIVERSITY OF CENTRAL ARKANSAS**

**REQUEST FOR EXCHANGE VISITOR (J-1) STATUS**

**PURPOSE OF REQUEST**
( ) To allow exchange visitor to enter the U.S.
( ) To allow exchange visitor to transfer to UCA from another exchange visitor program
( ) To extend the stay of the exchange visitor

Approximate dates of program: Beginning date ___________ Ending date ___________

( ) Male  ( ) Female

________________________________/_______________________/________________________________
Family Name  First Name  Middle Name

________________________________/___________/________________________________
Date of Birth  City of Birth  Country of Citizenship  Country of Permanent Residence
(Month/Day/Year)

Position title in country of residence: _________________________________________________

Will any family members (spouse or children) accompany you? ( ) yes  ( ) no

If yes, please provide the following information on a separate attachment for each:
Name, relationship to visitor, date of birth, city of birth and country of citizenship.

Exchange visitors (and their dependants) are required to have major medical insurance coverage that meets the following minimum requirements: $50,000.00 per accident or illness for medical expenses, $10,000.00 for medical evacuation and $7,500.00 for repatriation of remains. Visitors who do not maintain health insurance will be in violation of J-1 requirements and their program will be terminated immediately.

( ) I will purchase insurance in my home country (Please provide a copy of your policy in English so that we may verify minimum requirements.)

( ) I will purchase insurance at UCA

Please circle category requested:

<table>
<thead>
<tr>
<th>Exchange Student</th>
<th>Short-term scholar</th>
<th>Professor</th>
<th>Research Scholar</th>
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Briefly describe the specific field of study, research or professional activity:

During the period covered by this form, financial support will be provided by:

( ) Funds paid through UCA  Amount: $___________________
( ) The exchange visitor’s home government  Amount: $___________________
( ) Personal funds of the visitor  Amount: $___________________
( ) Other sources (specify)  Amount: $___________________

A copy of the evidence of financial support must accompany this form. Estimated costs for 1 semester are as follows:

Exchange student (tuition paid at home institution)  $3,000
Exchange student (tuition paid at UCA)  $7,000
First dependant:  $3,000
Each additional dependant:  $1,000

Current mailing address of visitor: