

**ARKANSAS STATE UNIVERSITY**

**Academic Affairs and Research**

**PRELIMINARY DATA SHEET, Part I**

To be completed by the appropriate ASU department for a prospective appointee  
who is neither a U.S. citizen nor a U.S. permanent resident

Please TYPE or PRINT clearly

**INFORMATION ABOUT THE SPONSOR:**

\_\_\_\_\_  
Faculty member corresponding with appointee

\_\_\_\_\_  
Department

**INFORMATION ABOUT THE DEPARTMENT CONTACT PERSON:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

**INFORMATION ABOUT THE PROSPECTIVE APPOINTEE:**

Appointee's full name \_\_\_\_\_  
Family/Last First/Given Middle

**INFORMATION ABOUT THE APPOINTMENT:**

Proposed title \_\_\_\_\_

Dates of appointment: From (mm/dd/yy) \_\_\_\_\_ To (mm/dd/yy) \_\_\_\_\_

Exact address where individual will be working: \_\_\_\_\_

Purpose of visit: \_\_\_\_\_

What percentage of time will be spent on the following activities?

\_\_\_\_\_ Teaching \_\_\_\_\_ Research \_\_\_\_\_ Study  
\_\_\_\_\_ Other (please be specific) \_\_\_\_\_

Academic degree(s) required for the position: \_\_\_\_\_

Major field of study required for the position: \_\_\_\_\_

Years of education required: \_\_\_\_\_

Minimum number of years of job experience required: \_\_\_\_\_

Describe briefly the proposed duties of the prospective appointee:  
\_\_\_\_\_  
\_\_\_\_\_

**Reminder: You must process this appointment through the appropriate Dean's Office in order for ASU to provide visa sponsorship.**

**FINANCIAL SUPPORT FROM ALL SOURCES WHILE IN THE U.S.:**

The amount must be furnished even when it is not provided by University sources, since it is the sole basis for determining whether or not the support will be adequate to maintain a minimum decent standard of living for the appointee and his/her dependents. The funding information provided here will appear on the immigration document and will be a determining factor in whether a visa is actually issued by a U.S. Embassy or Consular official. It is, therefore, important that this information be accurate. The University may be held liable for statements made about scholarships and salaries. If the individual will be supported predominantly by personal funds, please provide a bank statement or other documentation confirming the availability of these funds. **All amounts from all sources must be furnished in U.S. dollars.**

	<b>AMOUNT</b>	<b>TIME PERIOD</b>
<input type="checkbox"/> <b>Arkansas State University</b>	U.S. \$ _____	per _____

<input type="checkbox"/> <b>U.S. Government Agency</b>	U.S. \$ _____	per _____
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Name of agency: \_\_\_\_\_

<input type="checkbox"/> <b>Exchange Visitor's government</b>	U.S. \$ _____	per _____
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Name of agency: \_\_\_\_\_

<input type="checkbox"/> <b>Other Organizations</b>	U.S. \$ _____	per _____
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<input type="checkbox"/> <b>Personal funds</b>	U.S. \$ _____	per _____
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Signature of the Department Sponsor \_\_\_\_\_

Date \_\_\_\_\_

**RETURN TO:**

**Sue Marlay, University College**

**PO Box 1330**

**State University, AR 72767**

**Location of the office: Smith Center, Room 108**

**Telephone: 870-972-3574 Fax: 870-910-3774 E-mail: smarlay@astate.edu**

**ARKANSAS STATE UNIVERSITY**

**Academic Affairs and Research**

**PRELIMINARY DATA SHEET, Part II**

To be completed by the foreign national  
Please TYPE or PRINT clearly

**INSTRUCTIONS**

*In order to help you obtain the most appropriate visa to come to ASU, you must complete this form and return it to your department sponsor at ASU.*

*Issuance of a visa may take weeks or months. If you are already in the U.S. in another immigration status, you should be aware that applications a change of immigration status may take several months to be processed by the USCIS, and it may not be possible to receive an ASU salary until the application is approved. Visa status affects the type of employment and length of stay permitted, permission for a spouse to work and income tax liability.*

**PERSONAL DATA**

Your full name \_\_\_\_\_  
(as it appears in your passport) family/last first/given middle

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  Male  Female  
mm/dd/yy city country

Country of citizenship \_\_\_\_\_ Country of legal residency \_\_\_\_\_  
(attach proof of such residence if not your citizenship)

Position in home country: Check appropriate category  Professor/Teacher  
 Graduate Student  Researcher\*  Physician  Other(specify): \_\_\_\_\_

\* If researcher, specify whether it is with a university, a government entity or a private company \_\_\_\_\_.

Academic degrees and years awarded \_\_\_\_\_  
(attach copies of diploma(s), certificates, transcripts and your curriculum vitae)

Current mailing address \_\_\_\_\_

Permanent address outside the U.S. \_\_\_\_\_

Telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

**YOUR APPOINTMENT AT AKRANSAS STATE UNIVERSITY**

Name of ASU Department sponsor corresponding with you \_\_\_\_\_

ASU department \_\_\_\_\_

Date of previous affiliation with ASU, if any \_\_\_\_\_

**MEANS OF SUPPORT WHILE IN THE U.S.** (attach proof of financial support if not paid by ASU)

<input type="checkbox"/> Arkansas State University	Amount in U.S. \$ _____
<input type="checkbox"/> Personal Funds	Amount in U.S. \$ _____
<input type="checkbox"/> U.S. Government Agency      Name of Organization/Gov't Agency _____	Amount in U.S. \$ _____
<input type="checkbox"/> Your Government	Amount in U.S. \$ _____
<input type="checkbox"/> Other (specify) _____	Amount in U.S. \$ _____

**U.S. VISA HISTORY**

Are you currently in the U.S.?  yes       no      If yes, latest date of arrival: \_\_\_\_\_

If yes, please indicate current visa status \_\_\_\_\_ and check one:

I will be leaving the U.S. and returning before I begin my appointment at ASU.

Give destination and travel dates: \_\_\_\_\_

I am requesting a transfer or extension of my current visa status.

I am requesting a change of visa status to: \_\_\_\_\_.

*Attach a photo copy of all previous immigration documents including Form I-94, DS-2019 forms, EADs, I-20 forms, H-1B approval notices, etc.*

If no, please complete:

At which U.S. consulate/embassy will you apply for your visa? \_\_\_\_\_

Proposed U.S. arrival city \_\_\_\_\_

Passport expiration \_\_\_\_\_ U.S. Social Security Number, if any \_\_\_\_\_

**All applicants must complete:**

Have you ever been in the U.S. in any visa status other than tourist?  yes       no

If yes, please complete this section. Begin with your most recent visa status and work backwards.

Visa Classification---Beginning and ending dates of status---Purpose of stay and location (school or institution)

\_\_\_\_\_  
\_\_\_\_\_

Have you ever filed, or has anyone ever filed for you, an application for permanent resident (green card) status?  yes       no

*If you answered yes, please attach a separate sheet and explain (give dates and places of filing, name of person who filed, relationship of that person to you, final decision on application, current status of application.)*

**FAMILY INFORMATION**

*Please complete this section for any family members who will travel with you to the U.S. or who will arrive later to join you. If your family will travel to the U.S. separately, a visa document will be prepared to allow them to enter the U.S. Only your spouse and minor children (under age 21) may be included as family members.*

Name of family member	Date of birth	City & Country of Birth	Citizenship	Relationship
-----------------------	---------------	-------------------------	-------------	--------------

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family will travel to the U.S. with me       Family will arrive later. Expected arrival \_\_\_\_\_

***If your family is already in the U.S. with you, please attach copies of passport data & expiration pages, I-94 cards, and Social Security cards, if applicable.***

Your signature \_\_\_\_\_ Date \_\_\_\_\_

*Return this completed form and supporting documents to your ASU department sponsor.*