PERSONAL DATA Please type (or print clearly). Name Last (Family) First Middle Other Last Names Used Former last name(s), if any, under which we may be receiving transcripts, scores, etc.____ Previous UTA ID number (If you have one) Gender (optional) Male \Box Female **Permanent Address** Street Apt. No City State Zip/Postal Code Country **Current Mailing Address** Street Apt. No. Zip/Postal Code City State Country List phone number(s) where you can be contacted concerning this application. _____/___(cell/mobile) _____/___(home/other) E-Mail Address Birthplace____ City State Country Birthdate _____ Date Month Year Country of Citizenship _ If you hold dual-citizenship, please list both countries. Are you a U.S Permanent Resident (Permanent Resident Visa)? Yes \Box No \Box Pending \Box If yes, please submit documentation of ability to reside permanently in the United States (ie US passport, green card, etc...). Do you currently hold non-immigrant visa status? Yes No If yes, indicate type. Submit a copy of passport showing visa type (I-94 card, front and back) and appropriate USCIS documents (I-20, DS-2019, If you hold a visa other than F1, do you intend to apply for a change of status to F1? Yes 📮 No 📮

If not currently in the U.S. list type of visa to be used when entering the U.S F1 — Other — (state type)_____

Emergency Contact (must be close relative/family member)

Last Name (Family/Surname)	First Na	me (Given name	2)	Relationship
Address				
Street	City	Country	y 2	Zip/Postal Code
Phone Number		Email		
EDUCATION PLANS				
Expected year of exchange: 20_Expected term(s) of exchange: Academic Year (Aug. to May) To which college of the Univers academic major and will be adv	☐ Calendar Year (Jality are you applying?	n. to Dec.) All new students	s will be considered	pre-majors until accepted into
University College. ☐ Architecture/Planning & Publ	ic Affairs □Rusines	s □Engineei	ring □Liberal Art	s □Science
□Nursing & Health Innovation		_	□ Undeclared	
Which major do you plan to pur	sue?			
Do you already hold a bachelor' If yes, please provide document			iploma.	
YOUR COLLEGIATE EDUCATION	AL DATA			
List the name and location of th	e college/university yo	ou are now atte	nding.	
Name of Institution	Country I	Dates of Attenda	ance Expected	Date of Graduation
List all colleges, universities or v certificates earned from each so		hools you have	attended. Please pr	rovide any transcripts or
Name of Location Institution (city/state/co	untry)	to/		Type Certificate

DISCIPLINARY/CONDUCT RECORD

· · · · · · · · · · · · · · · · · · ·	
·	or been dismissed or suspended from another college or university t currently pending against you at another college, which might
ENGLISH LANGUAGE PROFICIENCY	
Is English your first language? Yes ☐ No ☐	
If you answered no, please respond to the following qu	estions.
a. How many years have you been learning Englishb. Are your current university classes taught in Erc. What qualifications in English Language do you	
DESIGNATED REPRESENTATIVE	
	your file with this office, please list his or her name and address on the application with inaccurate or incomplete information, the
(Name) (Address)	(Phone Number)
Signature	Date
OATH	
admission and residency eligibility. I authorize the collegation of the proper officials of the institution of any change this application is complete and correct and understanding application, withdrawal of any offer of acceptance, agree to pay my account when billed. I understand that further agree to pay all attorney's fees and other reason	relied upon by college/university officials to determine my status for ege/university to verify the information I have provided. I agree to ges in the information provided. I certify that the information on d that the submission of false information is grounds for rejection of cancellation of enrollment, or appropriate disciplinary action. I at if I fail to pay any debt when due, I will be assessed late charges. I mable collection costs necessary to collect amounts not paid when
	ne Registrar's Office informed of my current address at all times.

DEPENDENT INFORMATION

Please complet	e the information belo	w if you are marr	ied and your spouse and	d/or children will accompany you.
Spouse Name				
	Last (Family)	First	Middle	Maiden (if applicable)
Child Name				
	Last (Family)	First	Middle	Maiden (if applicable)
Additional infor	mation may also be re	equired. Please no	ote: If you are married a	nd your spouse and/or children will
accompany you	, you will need to pro	ve a higher level o	f financial resources per	person accompanying with you. Contact the
UT Arlington St	udy Abroad Office for	more information		

FINANCIAL STATEMENT FOR EXCHANGE STUDENTS

All prospective exchange students who study at UTA must complete this form. USCIS regulations require proof that sufficient financial resources are available to meet prospective educational and living expenses while in the United States. Therefore, applicants must show financial documentation demonstrating the availability of the minimum required amount of funds (see below), depending on the length of study at UTA. A Certificate of Eligibility (Form I-20) will not be issued until this information is provided.

- \$6,645.00 USD (One Semester: August to December OR January to May)
- \$13,290.00 .00 USD (Academic Year: August to May)
- \$15,949.00 USD (Calendar Year: January to December)

STATEMENT OF RESOURCES

Please indicate below the source and amount of financial support. If you have more than one source, check as many categories (A,B,C, or D) as appropriate and list amounts. Documents and certificates that verify each source should accompany this form with amounts converted to U.S. currency equivalents. All documents must be dated no earlier than three months prior to the receipt of your application by UT Arlington. Photocopies are acceptable. Since you may need original records to present to immigration officials, it is recommended you request two copies when preparing your supporting financial documentation.

A. If you are supporting your studies through your own say	vings: (1) sign the Statement	\$
of Resources; and (2) your bank must complete the Bank Name of Bank		letter.
B. If you will be supported by another person or family me Resources; (2) the person providing support must sign the Bank must complete the Bank Statement or prepare a se	ne Sponsor Statement; and (3) the spon	sor's
Name of Sponsor	•	\$
Name of Bank		¥
C. If you will be sponsored by your government or any oth Statement of Resources; and (2) the sponsor must prepa Accompany this form. Name of Organization	, , ,	\$
D. If you will be supported by a scholarship or educational Resources; and (2) a letter verifying the amount of scho Accompany this form. Name of Awarding Agency	larship award/educational loan must	\$
	Total U.S.	\$
I certify that the information provided on this form is true and comeet the required minimum amount of	in U.S. currency to cover the expensave adequate funds to travel to and from the U.S. rency to meet initial housing rental and the meaning for classes and; (ses, excluding travel, om the U.S.; and (3) I related expenses,
Signature	Date	

SPONSOR STATEMENT

Unless you are supported by your own saving A separate letter from your sponsor and the U	•	•	•
I certify that I will make available to		a minimum of	USD
(Name of to cover expenses related to his/her studies a	Student)		
Sponsor's Name (please print)	(Signature of	•	
Address			
Relationship of sponsor to student			
BANK STATEMENT			
This is to certify that adequate to meet the required amount (see b			above, has funds
Please check one □ \$6,645.00 USD (One Semester) □ \$13,290.00 USD (Academic Year: Academic Year			
This certificate does not constitute a stateme	nt of liability on my part or on	behalf of the bank I represen	t.
(Seal or Stamp of Bank)	Signature		
	Bank Name		
	Bank Address		
	Date		

If bank policies do not allow completion of this form, a separate bank letter or affidavit is an acceptable substitute. The letter should be on bank letterhead, signed by a bank officer, and specifically state the following:

- 1. Name of account holder;
- 2. Date account was opened; and
- 3. Current account balance or specific acknowledgement that account holds a minimum of \$6,645.00 USD for one semester, OR \$13,290.00 USD for one academic year, OR \$15,949.00 USD for one calendar year.

CHECKLIST OF DOCUMENTS TO SUPPORT YOUR APPLICATION

☐ Scanned copy of your official transcript
Scanned copy of your TOEFL/IELTS certificate (if applicable
☐ Scanned copy of the photo I.D. page of your passport
Required financial documentation

The **Completed Application** along with the above mentioned documents must be emailed **by the home university coordinator** (application materials emailed directly from the student will not be accepted) to **studyabroad@uta.edu** or sent by mail to The University of Texas at Arlington | Office of International Education | Box 19028, 1022 UTA Blvd | Arlington, TX 76019-0028.

Early application is advised. The deadline to apply for Fall/Academic Year is **April 1**. The deadline to apply for Spring is **November 1**.



CONSENT FOR THE COLLECTION AND PROCESSING OF SENSITIVE PERSONAL DATA FROM THE EUROPEAN UNION

- A. Pursuant to the European Union General Data Protection Regulation ("GDPR") The University of Texas at Arlington ("UTA"), in its capacity as a data controller under the GDPR, must obtain your explicit, affirmative consent before it can collect or process any sensitive personal data for a lawful basis, including, but not limited to, employment, admission and enrollment, study abroad, internship abroad, online education, etc. For information on how UTA uses data, please review the Legal & Privacy Notice https://www.uta.edu/legalaffairs/notices/legal-and-privacy-notice.php.
- B. Sensitive personal data includes racial or ethnic origin; political opinions; religious or philosophical beliefs; trade union membership; genetic, biometric data; health data; or data concerning a person's sex life or sexual orientation.
- C. Any sensitive personal data that is collected from you will be for the sole purpose of
 - Application for admission to UTA;

and is necessary for that purpose. This may include processing the sensitive personal data as required to execute contractual obligations in connection with the previously described purpose and compliance with applicable laws, to execute the obligations to you concerning your

• Enrollment as a student at UTA.

Sensitive personal data regarding a legal process which may have been provided to UTA by public authorities will be processed only for the purposes relating to a health or safety emergency and complying with any applicable law.

- D. Sensitive personal data will be handled and processed only by the persons who are responsible for the necessary activities for the purpose above, and will be transmitted from the EU to the UTA campus.
- E. Refusal of consent may make it impossible for UTA to carry out its necessary activities for the purpose above, and may preclude UTA's ability to provide requested educational services to you.
- F. You have the right to withdraw your consent to the collection and processing of sensitive personal data. If you would like to withdraw consent, for students please contact the University's Registrar, Nichole Mancone Fisher, at nichole.manconefisher@uta.edu.
- G. UTA is committed to ensuring the security of your information. We have put in place reasonable physical, technical, and administrative safeguards designed to prevent unauthorized access to your information.
- H. UTA has a GDPR Privacy Notice which includes your individual rights concerning your data. Please see the UTA Legal and Privacy Notice for more information.

Having read this notice,	, the undersigned, hereby	
	[Print full name here]	
Give consent	☐ Do not give consent	
for the use of my sensitive person purpose outlined in this notice.	l data, and the transfer of sensitive personal data overseas, fo	r the
Date Month/Day/Year	Signature	
Signature may be in handwritten	r digital form.	
If you have questions about this Con	ent, please contact:	
Director of Study Abroad at studyabro	ad@uta.edu.	