

REQUIRED SUPPLEMENTAL INFORMATION AND DSO/RO REPORT

APPLICANTS NOW IN THE UNITED STATES IN NON-IMMIGRANT STATUS

PART A – INFORMATION FURNISHED BY APPLICANT

INSTRUCTIONS: If you are now in the United States in non-immigrant status:

- (1) Fill out (type or print legibly), sign and date PART A below;
- (2) Attach photocopies of all I-20 (student) copies or DS-2019 (IAP-66) form(s) issued to you previously for study at the institution(s) you have attended as an F-1 or J-1 student, and attach a photocopy of your visa stamp(s); and
- (3) Request that the Designated School Official (DSO) or Responsible Officer (RO) at the institution you are now attending or have most recently attended (a) complete PART B after reviewing PART A and the attached photocopies you have provided, and (b) return this form and attachments to The Graduate School at the University of Kentucky. Thank you.

PART A

Applying to the University of Kentucky for semester and year: _____

Full Name _____
(Family or surname) (First or given name) (Middle name)

Date of Birth (mm/dd/yy) ____/____/____ Country of Birth _____

SSN ____/____/____ Country of Citizenship _____

Current U.S. visa Type: F-1 _____ J-1 _____ Other (specify) _____

To the best of my knowledge, my non-immigrant status is currently legal: YES ____ NO ____

U.S. INSTITUTIONS ATTENDED
(list in order of most recent first)

VISA STATUS

DATES OF ATTENDANCE
From To

| <u>U.S. INSTITUTIONS ATTENDED</u> (list in order of most recent first) | <u>VISA STATUS</u> | <u>DATES OF ATTENDANCE</u> From To | |
|---|--------------------|---------------------------------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS CORRECT AND TRUE. I FURTHER AUTHORIZE THE DESIGNATED SCHOOL OFFICIAL OR RESPONSIBLE OFFICER AT THE U.S. INSTITUTION I HAVE MOST RECENTLY ATTENDED TO REVIEW THE INFORMATION PROVIDED ABOVE AND ON THE ATTACHED PHOTOCOPIED DOCUMENT(S) AND TO PROVIDE THE ADDITIONAL COMMENTS REQUESTED IN PART B OF THIS FORM.

Signature _____ Date _____

Current Mailing Address _____

_____ Phone (W) _____ (H) _____

Email _____ FAX _____

PART B ON REVERSE SIDE

PART B – DSO/RO REPORT

INSTRUCTIONS TO THE DESIGNATED SCHOOL OFFICIAL (DSO) OR RESPONSIBLE OFFICER (RO) AT THE INSTITUTION CURRENTLY OR MOST RECENTLY ATTENDED BY THE APPLICANT: Before filling out PART B, review the information provided by the applicant in PART A and the attached document(s) against the records maintained in your office. Answer the following questions and return the completed form to the address at the bottom of this page. Thank you.

VERIFICATION OF INFORMATION

Is the information furnished in PART A (reverse side) complete and accurate according to the records in your office? YES NO If NO, please comment: _____

CURRENT NON-IMMIGRANT STATUS

If the applicant is in F-1 or J-1 status, indicate from your records his/her:

Last day of attendance at your school _____

Practical/Academic Training authorized by your institution (indicate type and specific dates):

According to your records, is the student currently in legal status? YES NO If NO, please explain: _____

Has this student ever been reinstated? YES NO If YES, please explain and give date of reinstatement: _____

SEVIS COMPLIANCE

If this student is offered admission at the University of Kentucky for the semester and year indicated in Part A, what will be the transfer release date (F-1) or transfer out date (J-1)? ____/____/____ (mm/dd/yy)

Has this student been entered into SEVIS as a current student or will the student be entered into SEVIS by the transfer date? YES NO. Please do not enter Transfer Date in SEVIS until student presents an Academically Acceptable letter from University of Kentucky.

ADDITIONAL COMMENTS: _____

Name and Title of DSO/RO: _____

Address _____

Phone _____ FAX _____ Email _____

Signature _____ Date _____

RETURN THIS FORM AND ATTACHMENTS TO:

The Graduate School / University of Kentucky
202 Gillis Building / Lexington KY 40506-0033