

Certifique-se de trazer os seus documentos na ordem indicada:

 **U.S. DEPARTMENT of STATE**
CONSULAR ELECTRONIC APPLICATION CENTER

Nonimmigrant Visa Application

Confirmation

YOU MUST PRINT this confirmation page. The barcode **MUST** be clear and legible on the printed page. You may also print the entire application for your records. If you do not have access to a printer at this time, select the option to email your confirmation page to an email address.

YOU MUST SUBMIT this confirmation page and the following document(s) to the Consular post indicated below: Passport. You may also submit any additional documents you feel will support your case. **DO NOT** send the entire application.

If you have further questions, please go to <http://travel.state.gov>.

This confirms the submission of the Nonimmigrant visa application for:

	Name Provided: TEST, TEST Nationality: BRAZIL Passport Number: TEST Completed On: 20 February 2008 Confirmation No: AA00000011
---	--

Location Selected:
US EMBASSY - SEOUL
333 TEST DR.
SEOUL, S. KOREA



A A 0 0 0 0 0 J 1

[Print Confirmation](#) [Print Application](#) [Email Confirmation](#)

THIS IS NOT A VISA Version 01.00.00

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1

Passaporte

O atual e o antigo, se tiver vistos americanos com menos de dez (10) anos.



2

CEAC Foto Uploaded

- 5 x 5 cm ou 7 x 5 cm
- Tirada com o fundo branco
- Recente (nos últimos seis meses)

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This confirms the submission of the Nonimmigrant visa application for:

	Name Provided: TEST, TEST
	Nationality: BRAZIL
	Passport Number: TEST
	Completed On: 20 February 2008
	Confirmation No: AA000000J1

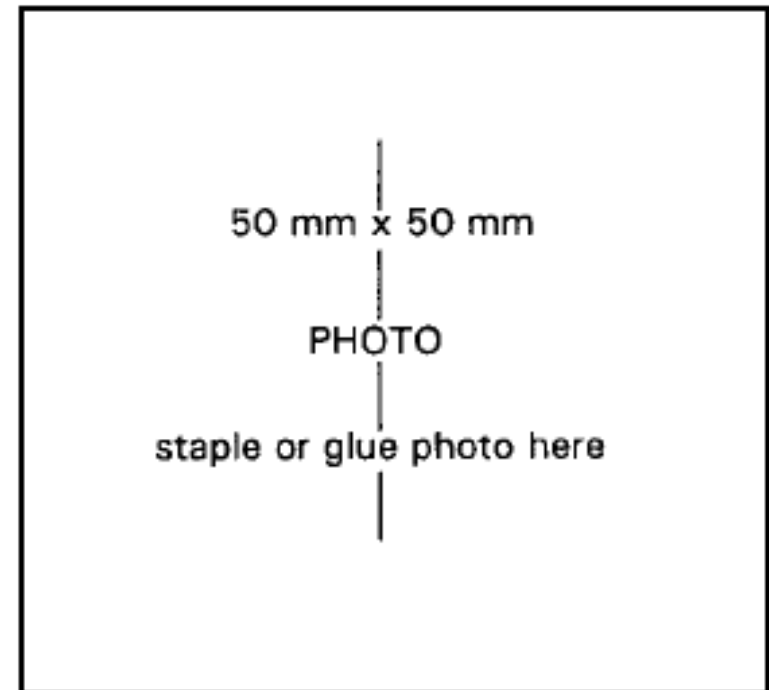
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- **Pagina de Confirmação**
Formulário DS-160: Solicitação de Visto de Não Imigrante
- Preenchido eletronicamente, assinado e datado eletronicamente.



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Formulários Complementares

*** Estudantes: Formulários I-20 ou DS-2019

Fornecidas pela instituição de ensino, preenchidos e assinados.

FORM I-20 IS NOT A DOWNLOADABLE FORM. IT MUST BE ISSUED BY THE SPONSORING SCHOOL.

U.S. Department of Justice Certificate of Eligibility for Nonimmigrant (F-1) Student Status - For Academic and Language Students OMB No. 1115-0051
Immigration and Naturalization Service
Please Read Instructions on Page 2 Page 1

This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname)
First (given) name (do not enter middle name)
Country of birth Date of birth (mo./day/year)
Country of citizenship Admission number (Complete if known)

2. School (school district) name
School official to be notified of student's arrival in U.S. (Name and Title)
School address (include zip code)
School code (including 3-digit suffix, if any) and approval date
214F approved on _____

3. This certificate is issued to the student named above for: (Check and fill out as appropriate)
 Initial attendance at this school.
 Continued attendance at this school.
 School transfer.
 Transferred from _____
 Use by dependents for entering the United States.
 Other _____

4. Level of education the student is pursuing or will pursue in the United States: (check only one)
 Primary Master's
 Secondary Doctorate
 Associate Language training
 Bachelor's Other _____

5. The student named above has been accepted for a full course of study at this school, majoring in _____
 The student is expected to report to the school not later than (date) _____ and complete studies not later than (date) _____
 The normal length of study is _____
 English proficiency is required.
 The student has the required English proficiency.
 The student is not yet proficient. English instructions will be given at the school.
 English proficiency is not required because _____

6. School Certification: I certify under penalty of perjury that all information provided above on items 1 through 5 was consistent before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other official of the school of the student's application, transcripts or other records of courses taken and/or of financial resources which were reviewed at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school. The student will be required to pursue a full course of study as defined by 8 CFR 214.2(a)(5). I am a designated official of the above named school and I am authorized to issue this form.

7. Signature of designated school official Name of school official (print or type) Title Date issued Place issued (city and state)

8. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I agree to enter or remain in the United States temporarily and solely for the purpose of pursuing a full course of study at the school named on Page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.2(a)(5) to determine my nonimmigrant status.

Signature of student Name of student Date

Signature of parent or guardian Name of parent/guardian (print or type) Address (city) State or province Country ID#

FORM I-20 (Rev. 12/11) (Do not write on this form.)

U.S. Department of State
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

OMB APPROVAL NO. 1405-0119
EXPIRES 02-28-2015
ESTABLISHED BUSINESS TIME 45 sec.
File Page 1

1. Applicant Name: First Name: Middle Name: Gender: **FEMALE** H0000

Date of Birth (mm/dd/yyyy): City of Birth: Country of Birth: Citizenship (Country Code): Citizenship Country: **KOREA, SOUTH** **KOREA, SOUTH**

Legal Permanent Residence Country (Code): Legal Permanent Residence Country: Residence: **KOREA, SOUTH** **UNIVERSITY TEACHING STAFF INCLUDING RESEARCHERS**

US Address Office of International Programs
3701 Chestnut Street, Suite 1W
Philadelphia, PA 19104-3199

2. Program Sponsor: Participating Program Official Name: Exchange Visitor Program Number: **UNIVERSITY OF PENNSYLVANIA** **P-3-00189**

PROFESSOR / RESEARCHER / ASSOCIATE / STUDENT BACHELORS / STUDENT DOCTORATE / S

3. Intend to remain in the U.S. for the purpose of: **RESEARCH SCHOLAR**

4. Dates of travel: From (mm/dd/yyyy): **06-04-2003** To (mm/dd/yyyy): **09-03-2003**

5. During the period covered by this form, the cost estimated should appear on U.S. Form I-20 is the responsibility of the exchange visitor by:
 Current Program Appointer: Female + \$32,500.00
 Total: + \$32,500.00

6. U.S. DEPARTMENT OF STATE AND U.S. DEPARTMENT OF JUSTICE OFFICIALS HAVE REVIEWED THIS APPLICATION AND HAVE DETERMINED THAT A PARTICIPATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (WORKING COPY).

7. James Fine Alternate Responsible Officer

8. Signature of Responsible Officer for Referring Department (FOR EXCHANGE VISITOR PROGRAMS ONLY)
 Effective date (mm/dd/yyyy): _____ Date of issue (mm/dd/yyyy): _____
 Signature of Responsible Officer for Referring Department (FOR EXCHANGE VISITOR PROGRAMS ONLY): _____
 Signature of Responsible Officer for Referring Department (FOR EXCHANGE VISITOR PROGRAMS ONLY): _____

9. Remarks:

10. Statement of Responsible Officer for Referring Department (FOR EXCHANGE VISITOR PROGRAMS ONLY)
 I hereby certify that I am a designated official of the school named on this form and I am authorized to issue this form. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I agree to enter or remain in the United States temporarily and solely for the purpose of pursuing a full course of study at the school named on Page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.2(a)(5) to determine my nonimmigrant status.

11. Signature of designated school official Name of school official (print or type) Title Date issued Place issued (city and state)

12. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I agree to enter or remain in the United States temporarily and solely for the purpose of pursuing a full course of study at the school named on Page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.2(a)(5) to determine my nonimmigrant status.

Signature of student Name of student Date

Signature of parent or guardian Name of parent/guardian (print or type) Address (city) State or province Country ID#

DS-2019 (Rev. 10/14) (Do not write on this form.)

Outros Documentos de Apoio (SOMENTE Originais):

5

Declaração de Imposto de Renda

Receita Federal

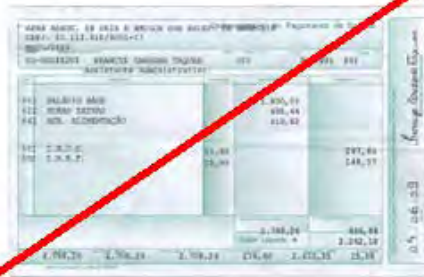


- Os três (3) últimos contracheques:

SIM:

Cod.	Descrição	Referência	Vencimentos	Descontos
	Horas normais	134	750,00	
	Repasse sem remuneração	22,5	138,59	
	Adicional por tempo de serviço	3%	27,78	
	Aprovamento acadêmico	5%	46,25	
	Mensalidade Simões/RS			6,07
	RSS			10,00
	IRRF			10,00
			total de vencimentos 999,74	total de descontos 96,05
Valor Líquido 903,69				
Salário Base 6,07	Sal. Cont. INSS 999,74	Base Calc. FGTS 999,74	FGTS do mês 79,98	Base Calc. IRRF
Assinatura do professor			Data de Recebimento	

NÃO:



SIM:

DATA	DESCRIÇÃO	VALOR	DESCRIÇÃO	VALOR
10/10/10	10/10/10	10,00	10/10/10	10,00
11/10/10	11/10/10	10,00	11/10/10	10,00
12/10/10	12/10/10	10,00	12/10/10	10,00
13/10/10	13/10/10	10,00	13/10/10	10,00
14/10/10	14/10/10	10,00	14/10/10	10,00
15/10/10	15/10/10	10,00	15/10/10	10,00
16/10/10	16/10/10	10,00	16/10/10	10,00
17/10/10	17/10/10	10,00	17/10/10	10,00
18/10/10	18/10/10	10,00	18/10/10	10,00
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26/10/10	26/10/10	10,00	26/10/10	10,00
27/10/10	27/10/10	10,00	27/10/10	10,00
28/10/10	28/10/10	10,00	28/10/10	10,00
29/10/10	29/10/10	10,00	29/10/10	10,00
30/10/10	30/10/10	10,00	30/10/10	10,00
31/10/10	31/10/10	10,00	31/10/10	10,00

- Os três (3) últimos extratos bancários **SOMENTE** dos terminais de auto-atendimento.