



UNIVERSITY OF
ARKANSAS

Graduate School & International Education
International Students & Scholars

LETTER OF NOMINATION FOR VISITING STUDENT PROGRAM
UNIVERSITY OF ARKANSAS, FAYETTEVILLE

Sending institution name:

Address:

Academic coordinator at the sending institution:

Name:

Address:

Phone:

Fax:

Email:

I confirm that Mr./Ms. _____
is a degree seeking student in good standing at our institution and has been nominated to enroll at the
University of Arkansas for the following term:

Academic year
(August- May)

Fall semester
(August- December)

Spring semester
(January- May)

In order to take courses in the following subject area(s):

This student has the necessary academic qualifications and adequate knowledge of English to follow the
courses at the University of Arkansas.

Date

Academic coordinator's signature and stamp