



Office of Study Abroad and International Exchange
School of Continuing Education
and Academic Outreach

722 West Maple Street
Fayetteville, AR 72701
(479) 575-7582
(479) 575-7402 (FAX)

LETTER OF NOMINATION FOR 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 Fall semester Spring semester
(August-May) (August-January) (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