

Office of International Services
University of Arkansas at Little Rock
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Little Rock, AR 72204

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ACADEMIC ADVISER'S VERIFICATION OF F-1 PROGRAM END DATE

To be Completed by Student:

Family Name _____ First Name _____

E-Mail Address _____ Student ID # _____

Do you have dependents in the U.S. in F-2 status? Yes No

To be Completed by Advisor:

Hours Left to Complete Degree: _____

Has student been approved for graduation: _____

Has student completed all requirements for graduation? (ex. Comprehensive exam, Masters Thesis, Dissertation) **If not, will the requirement be fulfilled by the end of the semester?**

Academic Advisor Name

Signature

Title

Email

Date