



Office of International Student Services

8700 NW River Park Drive
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Parkville, MO 64152-3795
Tel. (816) 584-6834, 6379
Fax (816) 505-5443

international@mail.park.edu

VISITING STUDENT AUTHORIZATION FORM

STUDENT INFORMATION

NOTE: A visiting F-1 student, holding a valid I-20 from institutions other than Park University, will have to complete this form prior to enrollment.

NOTE: A visiting F-1 student is required to submit a copy of his/her passport, visa, I-94 card and I-20 to Park University International Student Services prior to enrollment.

Name: _____
Last/Family/Sur Name Given/ First Name

Country of Citizenship: _____

Telephone Number: _____ Email Address: _____

Signature: _____

AUTHORIZATION

Please be advised that the student listed above on an F-1 visa is currently in status.

SEVIS Number: _____ Program End Date: _____

The student has authorization to enroll as a visiting student for _____ class/es at your institution for the

Fall 20____ Spring 20____ Summer 20____

DSO Signature Name of DSO Date

Title of DSO DSO Email Address Telephone Number

School Name

NOTE: Kindly return form by fax: 816-505-5443 or email: kimberly.connelly@park.edu