International Student Transfer Eligibility Form
(For students currently attending another U.S. institution)

Student Information

Name: ___________________________ Date of Birth ___________________________

Country of Citizenship: ___________________________ ECC ID# ___________________________

I authorize the release of the information requested for the purpose of establishing my eligibility for a transfer of schools to East Central College.

Signature: ___________________________ Date: ___________________________

School Information

To facilitate the transfer process, the following information is to be completed by the International Student Advisor.

Immigration Status: F-1 J-1 Other ___________________________

Dates of enrollment: ___________________________

Is the student in good academic standing and eligible to re-enroll at your institution? Yes No

If no, please explain: ___________________________

Does the student have any outstanding financial obligations to your school? Yes No

Signature of DSO: ___________________________ Date: ___________________________

Name of DSO (printed): ___________________________

Institution: ___________________________ Telephone: (_____) ___________________________

Address: ___________________________

SEVIS Number: ___________________________ SEVIS Release Date: ___________________________

Please return the form to:

East Central College
International Admissions
1964 Prairie Dell Rd., Union, MO. 63084
Phone: 636.584.6588, Fax 636.584.7347
intladmissions@eastcentral.edu