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

Student Information

Name: __________________________________________________________ Date of Birth: ___________________________

Country of Citizenship: ______________________________________ Major: ______________________________________

I authorize the release of the information requested for the purpose of establishing my eligibility for enrollment into coursework at East Central College.

Student Signature: ___________________________________________ Date: ___________________________

Current School Information

To facilitate the enrollment 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 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: ______________________________________________________________________________________

Please return the form to:

East Central College
Admissions
1964 Prairie Dell Rd., Union, MO. 63084
Phone: 636.584.6588
admissions@eastcentral.edu