



INTERNATIONAL STUDENT TRANSFER ELIGIBILITY FORM

To complete the students transfer application to East Central College and issue a new SEVIS I-20, this form must be completed by your current schools Designated School Official (DSO). By completing and signing this form, you are authorizing the following information to be released to ECC.

Student Information

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth (MM/DD/YYYY): _____ Country of Citizenship: _____ Transfer Semester: _____

Email: _____ Signature: _____ Date: _____

Current School Information (to be completed by the DSO)

Visa Type: _____ Dates of Enrollment: _____ to _____

Current Program of Study: _____ Estimated Date of Completion: _____

Is the student in good academic standing at your institution? _____ if no, please explain: _____

Is the Student Currently in Legal Status with Immigration? _____

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

Has the Student Previously Requested a Reduced Course Load? _____ If Yes, When? _____

Additional Comments: _____

Name of Institution: _____ Date: _____

Name of DSO: _____ Signature of DSO: _____ Date: _____

DSO Phone Number: _____ Email: _____ Fax: _____

Please return the form to:

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