



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
Steffani McCrary
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Phone: 636.584.6569
steffani.mccrary@eastcentral.edu