



**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  
Haley Walter  
1964 Prairie Dell Rd., Union, MO. 63084  
Phone: 636-584-6569  
[haley.walter@eastcentral.edu](mailto:haley.walter@eastcentral.edu)