



EAST CENTRAL COLLEGE

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