

# INTERNATIONAL

## ADMISSIONS

Dear Applicant,

Thank you for your interest in East Central College!

ECC was founded in 1968 to serve the educational needs of students. Our strong commitment to a personalized education is supported by our belief in the practical value of both academic and career/technical education. You will find that ECC offers exceptional learning opportunities in a broad range of diverse fields.

ECC is recognized for providing individual attention with many associate degree and certificate options in a true hands-on learning environment. In addition to our main campus in Union, Missouri, we also offer courses at our locations in Rolla.

Below are a few links that will better assist you in finding specific information that you are most interested in.

- Academic Programs: <http://www.eastcentral.edu/academics/>
- International Admissions: <http://www.eastcentral.edu/admissions/international-students/>

This packet contains all information and supporting documents required for admission into East Central College. You must submit all documents listed on the checklist prior to the enrollment deadline for the semester you plan to attend.

Application Deadlines are as follows:

- Fall (August – December): June 15
- Spring (January – May): November 1

Choosing a college is one of the most important decisions you will ever make. We are certain that you are excited about the opportunities that lie ahead, and I am delighted that you are considering ECC as a part of your journey. Should you have any questions or need additional information, please contact: Haley Walter at [haley.walter@eastcentral.edu](mailto:haley.walter@eastcentral.edu).



## INTERNATIONAL NEW STUDENT CHECKLIST

- 1. Apply for Admission: <https://admissions.eastcentral.edu/>.
- 2. Complete, and submit the Supplemental International Application Form (next page).
- 3. Document student sponsorship.
  - Complete and submit the Affidavit of Support Form USCIS I-134, available at: [www.uscis.gov/i-134](http://www.uscis.gov/i-134) . This form is to be completed by your financial sponsor, if there is more than one sponsor, then the form must be completed by each sponsor. The original document must be signed and notarized/certified or will not be accepted.
  - Submit bank statements showing a minimum of \$20,000 USD in a checking, saving, or combination of accounts.
  - Complete and submit the W-9s form, available at: <https://www.irs.gov/pub/irs-pdf/fw9s.pdf>.
- 4. Submit original transcripts.

Transcripts must be translated into English and accompanied by the grading system used and graduation date. We recommend using ECE ([www.ece.org](http://www.ece.org)). Transcripts must be sent directly from the school/college Records/Registrar's Office to East Central College.
- 5. Provide evidence of English competency:
  - Test of English as a Foreign Language: A score of **497** on the paper-based test or a score of **60** on the internet based test
  - International English Language Testing System (IELTS), a band score of **5.5** or higher
  - PTE Academic Score: 44 (equivalent to TOEFL 60)
  - English is the student's native language
- 6. Submit health information.
  - Tuberculosis Test Form must be completed and submitted.
  - Purchase and provide ECC with proof of health insurance.
- 7. Complete Statement of Understanding.
  - Students must sign and submit the form understanding their responsibilities.
- 8. Check in with Director of Admissions upon arrival.
  - Bring your original F-1 visa, I-94, and Passport (submit a copy prior to arrival)
  - Update your file with a local U.S. address and phone number
  - Review the material for, and complete the placement test:  
<https://www.eastcentral.edu/admissions/placement/>
- 9. Schedule meeting with International Advisor when you arrive at ECC to register for classes.

All documents should be submitted to:

Haley Walter, Enrollment Counselor  
East Central College, 1964 Prairie Dell Rd., Union, MO 63084  
[haley.walter@eastcentral.edu](mailto:haley.walter@eastcentral.edu)



**SUPPLEMENTAL INTERNATIONAL APPLICATION FORM**

**All incoming students must complete the following questions:**

Full First (Given) Name: \_\_\_\_\_ MI: \_\_\_\_\_

Full Last Name: \_\_\_\_\_

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Visa Type: \_\_\_\_\_

Permanent Foreign Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Foreign Phone Number (including country code): \_\_\_\_\_

Native Language: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Secondary Language(s): \_\_\_\_\_

**If you are now in the United States, please complete the following:**

US Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Visa Type: \_\_\_\_\_ US Home Number: (\_\_\_\_\_) \_\_\_\_\_

US Mobile Number: (\_\_\_\_\_) \_\_\_\_\_



## TUBERCULOSIS TEST FORM

**Student:** \_\_\_\_\_ **ECC Student ID Number:** \_\_\_\_\_

East Central College requires any and all students answering “yes” to one or more of the tuberculosis (TB) screening questions on the Application for Admission to complete the TB Risk Assessment Form prior to enrolling in coursework (per Missouri Senate Bill 197). If the student has completed TB testing within the last 12 months, they can provide a copy of those results in lieu of completing this form. Please submit any additional information given to you, along with this form, to:

Haley Walter  
East Central College, 1964 Prairie Dell Rd., Union, MO 63084  
[haley.walter@eastcentral.edu](mailto:haley.walter@eastcentral.edu)

**The following is to be completed by a medical professional:**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

TB Test Date Administered: \_\_\_\_\_ TB Result / Date Read: \_\_\_\_\_/\_\_\_\_\_

Name of Medical Professional: \_\_\_\_\_ Signature: \_\_\_\_\_

Name & Location of Medical Facility: \_\_\_\_\_

**Note: if the result of the tuberculin skin test is positive, a chest x-ray is required.**

X-Ray Date: \_\_\_\_\_ Date X-Ray was Read: \_\_\_\_\_ X-Ray Result: \_\_\_\_\_

Name of Hospital/Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medical Professional: \_\_\_\_\_ Signature: \_\_\_\_\_

Name & Location of Medical Facility: \_\_\_\_\_



## STATEMENT OF UNDERSTANDING

**Please read the following statements carefully.**

I understand and agree that:

- If English is not my native language, I must take the TOEFL or IELTS in order to qualify for admission.
- I will complete the placement exam(s) administered by the College to place me at the appropriate level of English, Reading, and Math. This can be waived pending sufficient ACT/SAT scores or previous college credit evaluated by a third party such as ECE ([www.ece.org](http://www.ece.org)).
- I must make my own arrangements for housing.
- I have read and understand all admissions procedures. I understand that all documents and materials relating to my admission should be forwarded to the Admissions Office.
- I must purchase and maintain health insurance while attending East Central College. A copy of the card must be submitted.
- I must update my personal information if anything changes while I am a student at ECC.

**Non-immigrant students on an F-1 Visa must also adhere to the following:**

I understand and agree that:

- I accept immigrant restrictions, which prohibit all off-campus employment and require completion of a full course of study (minimum 12 credit hours) each fall and spring, only one of these may be online. We recommend that all students enroll in and complete 15 credit hours each semester in order to graduate in two years.
- I-20 forms are issued for a period that reflects the amount of time necessary to complete your intended degree or certificate program.
- I must arrive on campus on or near the date specified on the I-20 form. If I am unable to arrive on time, I must request that my application be considered for a later semester.
- I must return the issued form I-20 to East Central College if I decide not to enroll, should I be admitted.

Failing to sign this form and adhere to these policies may result in automatic dismissal from the institution.

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Applicant Signature

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Date Signed (MM/DD/YYYY)