

EGCC International Student Transfer-In Form

To the International Student:

Please complete Section 1 of this form, then have the International Advisor at your current school complete Section 2. Please also provide them with a copy of your EGCC letter of acceptance.

To the International Advisor:

The student named below has applied for admission to Eastern Gateway Community College. Your assistance is appreciated in completing Section 2 below and returning this form to EGCC.

Thank you for completing this form.
Please return it to:

International Student Admissions Advisor
Admissions Office
Eastern Gateway Community College
4000 Sunset Blvd
Steubenville, OH 43952

Phone: (740) 264-5591 x1993
Fax: (740) 266-9984
Email: admissions@egcc.edu
Website: www.egcc.edu

Section 1 (to be completed by the student)

Name: _____

Date of Birth (00/00/00) : _____ / _____ / _____
(Month) (Day) (Year)

Current U.S. Address: _____
(Street)

(City) (State) (Zip Code)

Email Address: _____ Phone: _____

Year/Semester you will begin study at Eastern Gateway Community College: Fall (August) Spring (January) Summer (May) Year _____

I permit the information requested below to be forwarded to EGCC.

Student's Signature

Date (month/day/year)

Section 2 (to be completed by the international student advisor)

SEVIS Release Date (00/00/00) : _____ / _____ / _____
(Month) (Day) (Year)

SEVIS ID Number _____

Dates of attendance at your institution: _____

To the best of your knowledge, is this student in good standing based on USCIS regulations? Yes No

Are there any immigration concerns we should be aware of? If yes, please explain. Yes No

OPT/CPT granted? Yes No If yes, provide information: _____

Name: _____

Institution: _____ Title: _____

Email Address: _____ Phone: _____

Signature of International Advisor

Date (month/day/year)

EGCC SEVIS School Code: CLE214F00317000

