

APPLICATION FOR ADMISSIONS



OFFICE USE ONLY	
Expected Entry Date	Admission Rep.

Columbia College student education records are maintained in accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974. Written student consent is required for the access and release of information defined as educational records in federal and state law, unless covered under the conditions listed in 34 CFR § 99.31. A student's directory information (name, address, telephone number, date and place of birth, honors and awards, and dates of attendance) may be disclosed without consent unless the Admissions and Records office receives written notification that the student requests Columbia College not to disclose directory information about them. Columbia College does not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. The College complies with the Civil Rights Act of 1964, related executive orders 11246 and 11375, Title IX of the Education Amendments Act of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, Section 402 of the Vietnam Era Veteran's Readjustment Assistance Act of 1974 and all Civil Rights Laws of the state of Virginia.

PERSONAL INFORMATION

First Name	Middle Name	Last (Family) Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Social Security Number	Gender
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male
Current Mailing Address	Email Address	
<input type="text"/>	<input type="text"/> @ <input type="text"/>	
Street: _____	Phone Number	
City: _____ State: _____ Zip Code: _____	<input type="text"/> - <input type="text"/> - <input type="text"/>	
Citizenship	Ethnic Origin	
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-Resident Alien (Visa Type: _____)	<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Permanent Resident Alien A# _____	<input type="checkbox"/> Asian or Pacific Islander	
Country of Citizenship: _____	<input type="checkbox"/> American Indian or Alaska Native	
Place of Birth: _____	<input type="checkbox"/> Hispanic, Latino	
City _____ Country _____	<input type="checkbox"/> White (Non-Hispanic)	
	<input type="checkbox"/> Other	

ENROLLMENT PLAN

Program Start	<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
	<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December
P R O G R A M S	Language Training	<input type="checkbox"/> Vocational English as a Second Language (VESL) <input type="checkbox"/> Online VESL <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> English as a Second Language (ESL)				
	Certificate Course	<input type="checkbox"/> Dental Lab Technology <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Massage Therapy <input type="checkbox"/> Cosmetology				
	Associate Degree	<input type="checkbox"/> Dental Lab Technology <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Computer Science <input type="checkbox"/> Massage Therapy <input type="checkbox"/> Business Administration <input type="checkbox"/> Teaching English for Early Childhood <input type="checkbox"/> Technical and Business English				

EDUCATIONAL HISTORY

- **Primary Language:** English Other: _____

- **I have taken the following examinations:** SAT CaMLA (Cambridge Michigan Language Assessments)

- **High school Information:** High School (graduated or currently enrolled) GED

Name of High School	City, State / Country	Dates Attended (mm/yyyy - mm/yyyy)	Graduation Date
		-	/ /

ADMISSIONS INFORMATION

- **I plan to enroll as a** full-time (20+hours per week, may differ according to programs, or 12+credits per term) student.
 part-time (less than 12+credits per term) student.

- **Do you plan to apply for federal student aid (FAFSA)?** Yes No

- **U.S. Military status:** No Military Service Active-duty Reserve / National Guard

 Veterans Spouse or Dependent

- **Do you plan to apply for Veterans Education benefit** Yes No
If yes, please specify. Montgomery GI Bill Active Duty (MGIB-AD-Ch.30) Post 9/11 G.I. Bill (Ch.33)

 Survivors and Dependents Montgomery GI Bill Selected Reserve (MGIB-SR-Ch.1606)
 Education Assistance (DEA)(Ch.35)

- **Do you plan to apply for Tuition Assistance (DOD TA)?** Yes No

I, _____, hereby state that by signing this form, I acknowledge and agree that this application must be completed, signed, and submitted to the Admissions Office with the application fee.

I certify that all entries on this application are complete and accurate to the best of my knowledge.
I understand that falsifying any information on this application could result in dismissal from the college.

Signature: _____

Date: _____