

APPLICATION FOR ADMISSION
J-1 EXCHANGE VISITOR



OFFICE USE ONLY	
Expected Entry Date	School Rep. Initial
Interview <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial Participation Period <input type="checkbox"/> 6 month <input type="checkbox"/> 12 month

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 access and release of information defined as educational records in federal and state law. A student's directory information (name, address, telephone number, date and place of birth, program of study, enrollment status, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and most recent education institution attended) may be released upon request unless the Admissions and records office receives written notification that a student reserves the right to authorize in writing, on an individual request basis, the access and release of the directory information. 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

Last (Family) Name **First Name** **Middle Name**

Date of Birth (mm/dd/yyyy) / / **Gender** Female Male **E-mail Address**

Permanent Address
Street

City **Province / Territory** **Country** **Zip Code**

Current Mailing Address (if different than permanent address)
Street

City **State** **Zip Code** **Phone Number** () -

Citizenship

Country of Citizenship: _____

Place of Birth: _____, _____
City Country

Ethnic Origin

African American
 Asian or Pacific Islander
 American Indian or Alaskan Native
 Hispanic or Latino
 White, Non-Hispanic Other

PROGRAM 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								
Category	<input type="checkbox"/> College and University Student <input type="checkbox"/> Professor and Research Scholars <input type="checkbox"/> Student Intern (maximum 1year) <input type="checkbox"/> Professor (maximum 5years) <input type="checkbox"/> Student Associate (maximum 2years) <input type="checkbox"/> Research Scholars (maximum 5years)								
Programs	<table border="0"> <tr> <td>Focused Internship</td> <td><input type="checkbox"/> Business Administration <input type="checkbox"/> Dental Laboratory Technology <input type="checkbox"/> Hospitality and Tourism</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Culinary Arts <input type="checkbox"/> Computer Science <input type="checkbox"/> Other: _____</td> </tr> <tr> <td>Leading to Certificate + Internship</td> <td><input type="checkbox"/> Cosmetology <input type="checkbox"/> Massage Therapy <input type="checkbox"/> Nurse Aide (CNA)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	Focused Internship	<input type="checkbox"/> Business Administration <input type="checkbox"/> Dental Laboratory Technology <input type="checkbox"/> Hospitality and Tourism		<input type="checkbox"/> Culinary Arts <input type="checkbox"/> Computer Science <input type="checkbox"/> Other: _____	Leading to Certificate + Internship	<input type="checkbox"/> Cosmetology <input type="checkbox"/> Massage Therapy <input type="checkbox"/> Nurse Aide (CNA)		<input type="checkbox"/> Other: _____
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	<input type="checkbox"/> Other: _____								

EDUCATIONAL HISTORY

Colleges and universities information (List the most recent first)

Name of the Institution	City, State / Country	Dates Attended (mm/yyyy - mm/yyyy)	Degree Earned

U.S. IMMIGRATION INFORMATION

Have you previously participated in a J-1 Exchange Visitor Program in the United State? Yes No

If yes, please explain: _____

FAMILY INFORMATION FOR J-2 VISA APPLICANTS

Name		Relationship	Date of Birth (mm/dd/yyyy)	Country of Birth (City, Country)	Gender
Last (Family) Name	First Name				
			/ /	,	<input type="checkbox"/> Female <input type="checkbox"/> Male
			/ /	,	<input type="checkbox"/> Female <input type="checkbox"/> Male
			/ /	,	<input type="checkbox"/> Female <input type="checkbox"/> Male
			/ /	,	<input type="checkbox"/> Female <input type="checkbox"/> Male

I, _____, hereby state that by signing this form, I acknowledge and agree as follows:

1. This Application must be completed, signed, and submitted to the school officer with initial fee including cost of application, administration, and processing.
2. An exchange visitor (both J-1 and J-2) is required to have health insurance coverage which meets the minimum requirements specified at 22 C.F.R § 62.14. This insurance must be maintained throughout the entire program participation period.
J-1 sponsorship will end for any exchange visitor who deliberately fails to comply with this regulation.

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: _____



8620 Westwood Center Drive, Vienna, VA 22182 | Tel. 703.206.0508 | Fax. | 703.206.0488 | www.ccdc.edu

I-20 REQUEST FORM

Name: _____
Family Name
First Name
Middle Initial

Date of Birth: ____ / ____ / ____ (Month / Day / Year)

Country of Birth: _____

Country of Citizenship: _____

E-mail Address: _____

Please check your e-mail regularly. The International Student Office will keep you updated about special events and activities as well as changes in U.S. government regulations. That information will be sent out by e-mail. If you don't have an e-mail address now, please let us know when you have an address.

Telephone Number: _____

Current Address: _____

Emergency Contacts:

We hope that an emergency never happens, but we need to be prepared. Please provide the name and phone number of an individual(s) who we can contact if necessary. This information will be confidential and will only be used for an emergency.

In the United States:

Name	
Telephone Number	
Relationship	

Outside the U.S.:

Name	
Telephone Number	
Relationship	

I am requesting that the International Student Office at Columbia College issue an I-20 form.
 I certify that all the information included with this request is true to the best of my knowledge.

Signature: _____ Date: _____