

**APPLICATION FOR ADMISSION**



**OFFICE USE ONLY**

Expected Entry Date	Admission Rep. Initial
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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)**  **Social Security Number**  **Gender**  Female  Male

**Current Mailing Address**  
Street  **Email**

**City**  **State**  **Zip Code**  **Contact Number**

**Citizenship**

U.S. Citizen  Permanent Resident Alien A# \_\_\_\_\_

Non-Resident Alien Visa Type: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Place of Birth: \_\_\_\_\_, \_\_\_\_\_  
City Country

**Ethnic Origin**

Black or African American

Asian or Pacific Islander

American Indian or Alaska Native

Hispanic/Latino

White, Non-Hispanic  Other

**ENROLLMENT PLAN**

<b>Program Start</b>	<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
<b>P R O G R A M S</b>	<b>Language Training</b>	<input type="checkbox"/> ESL <input type="checkbox"/> Hybrid <input type="checkbox"/> Online ESL <input type="checkbox"/> TOEFL		<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Weekend		
	<b>Certificate Courses</b>	<input type="checkbox"/> Cosmetology <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Dental Lab Technology <input type="checkbox"/> Massage Therapy		<input type="checkbox"/> Massage Therapy C.E. <input type="checkbox"/> Nurse Aide <input type="checkbox"/> TESOL		
	<b>Associate Degrees</b>	<input type="checkbox"/> Dental Lab Technology <input type="checkbox"/> Cosmetology <input type="checkbox"/> Culinary Arts		<input type="checkbox"/> Business Administration <input type="checkbox"/> Computer Science <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:**     TOEFL     ACCUPLACER     IELTS     CaMLA (Cambridge Michigan Language Assessments)

**High school Information:**     High School (graduated or currently enrolled)  
    Home School  
    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 (18+hours per week or 12+credits per term) student.**  
    **part-time (less than 12+credits per term)**

**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 / Dependent

**Do you plan to apply for Veterans Education benefit?**     Yes     No

If yes, please specify.     Montgomery G.I. Bill (Ch.30)                       Vocational Rehabilitation (Ch.31)  
    Post 9/11 G.I. Bill (Ch.33)                       Survivors and Dependents Education Assistance (DEA)(Ch.35)

**Do you plan to apply for Tuition Assistance?**     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 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: \_\_\_\_\_