

APPLICATION FOR ADMISSION
INTERNATIONAL STUDENT



OFFICE USE ONLY
Expected Entry Date _____
School Rep. Initial _____

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
Street _____
City _____ State _____ Zip Code _____ Phone Number () - _____

Citizenship 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

PROGRAM PLAN

P R O G R A M S	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
	Language Training	<input type="checkbox"/> ESL	<input type="checkbox"/> Online ESL	<input type="checkbox"/> TOEFL	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekend
	Certificate Courses	<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				
	Associate Degrees	<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

High school, colleges, and universities information (List the most recent first)

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

FAMILY INFORMATION FOR F2 / M2 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:

This application must be completed, signed, and submitted to the Admissions Office.

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: _____