

REQUEST FOR DEFERRED ADMISSION

Rev. 05/17
050-005



COLUMBIA COLLEGE

Tysons Main Campus
8620 Westwood Center Drive
Vienna, VA 22182
TEL. 703-206-0508

Centreville Extension
5940 Centreville Crest Lane
Centreville, VA 20121
TEL. 703-266-0508

Silver Spring Extension
12125 Veirs Mill Road
Silver Spring, MD 20906
TEL. 301-929-0565

The following rules apply to all the prospective students who request for the deferred admission:

1. I was originally admitted for _____ (mm/dd/yyyy)
2. I am requesting a deferral to _____ (mm/dd/yyyy)
3. The deferred admission fee of \$50 will be charged.

Applicant's Name: _____
Last First Middle

Date of Birth: _____ / _____ / _____ Gender: Male Female
Month Date Year

Address for correspondence during the deferral period:

Street City State ZIP

Phone: () _____ Email: _____

By signing below, I fully understand the regulations above and agree that failure to enroll may lead to denial of my admission.

Student's Signature: _____ Date: _____ / _____ / _____
Month Date Year

Payment Method:

I authorize Columbia College to deduct the deferred admission fees from the deposit.

Print Name Signature Date: Month / Date / Year

I authorize Columbia College to charge my credit card account indicated below for _____
(Amount)

on or after _____ / _____ / _____. This payment is for the deferred admission fees.
Month Date Year

Credit Card Number Expiration Date: MM/YY

Card Holder Signature Date: Month / Date / Year