



OFFICE USE ONLY						
Expected Entry Date	Admission 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)		Social Sec	Social Security Number			Gender				
/ /								l Female	☐ Male	
Current Mailing Address Street							Email			
City St			State Z		Zip Co	ode	Contact Number			
							()	-	
Citiz	enship				Et	hnic Origin				
	IIS Citizen	☐ Permanent Resident A	Alien A#			☐ Black or African American				
	U.S. CHIZCH	Termanent Resident A	Alleli A#				acific Islander			
	Non-Reside	nt Alien Visa Type:								
C	ountry of Cit	izenship:		☐ American			Indian or Alaska Native			
				☐ Hispanic/I			Latino			
Place of Birth: ,			Country	Country		□ White, No	on-Hispanic		☐ Other	
			ENID			DI ANI				
			ENR	ROLLME	ENT	PLAN				
Program ☐ January ☐ Feb Start ☐ July ☐ Aus		ebruary			□ April	□ M	av	☐ June		
		□ July □ Au	J		er	☐ October	□ November		☐ December	
	T									
P	Language Training	□ESL □Hybrid □C	Online ESL	□ TOEFL		☐ Morning	☐ Evening	□Afternoon	☐ Weekend	
R O	Certificate	□ Cosmetology	☐ Culinary Arts ☐ Dental Lab Technology		y □ Massage Therapy					
G R A M S	Courses	☐ Massage Therapy C.E.	Nurse Aid	Nurse Aide □ TESOL						
	Associate	☐ Dental Lab Technology	☐ Cosmetology ☐ Culinary Arts							
	Degrees Degrees	☐ Business Administration		<i>-</i>			ly Childhood	☐ Technical a	nd Business English	
	l									

EDUCATIONAL HISTORY								
Other:								
□ TOEFL □ ACCI	UPLACER □ IE	ELTS □ CaMLA	(Cambridge Michigan	n Language Assessments)				
(graduated or curre	ently enrolled)							
ol								
City, State	e / Country			Graduation Date				
ADMISSION	S INFORM	IATION						
nours per week or 1	 12+credits per te	erm) student.						
-	_	of the second						
aid (FAFSA)?		☐ Yes	□ No					
rico □ A(otivo duty	□ Res	owo / National Gu	oud				
vice - Ac	Mive-duty	□ ICo	erve / Inauonai Gu	aru				
□ Sp	oouse / Dependen	t						
ation benefit?		☐ Yes	□ No					
G.I. Bill (Ch.30)	☐ Vocational	☐ Vocational Rehabilitation (Ch.31)						
I. Bill (Ch.33)	☐ Survivors a	and Dependents Ed	lucation Assistance	e (DEA)(Ch.35)				
nce?		□ Yes	□ No					
, hereby	v state that by sign	ning this form, I a	cknowledge and ag	gree that				
d, signed, and submi	itted to the Admi	ssions Office with	application fee.	5				
olication are comple	te and accurate to	the best of my ki	nowledge. I unders	stand				
that falsifying any information on this application could result in dismissal from the college.								
	_	Date:						
	Other: TOEFL ACCURATE ACCURAT	Dother: Droefl Accuplacer In Italian In Italian Italia	Other:	Other:				