

**APPLICATION FOR ADMISSION**  
**INTERNATIONAL STUDENT**



**OFFICE USE ONLY**  
Expected Entry Date \_\_\_\_\_  
School Rep. \_\_\_\_\_

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 the access and release of information defined as educational records in federal and state law, unless covered under the conditions listed in 34 CFR § 99.31. A student's directory information (name, address, telephone number, date and place of birth, honors and awards, and dates of attendance) may be disclosed without consent unless the Admissions and Records office receives written notification that the student requests Columbia College not to disclose directory information about them. 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**

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

**Date of Birth (mm/dd/yyyy)** \_\_\_\_\_ **Gender**  Female  Male **Student Type**  
 Overseas  Transfer-in  
 Change of Status  Change of Program

**Permanent Address (Home Country)**  
 Street: \_\_\_\_\_ City: \_\_\_\_\_  
 Province/Territory: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Current Address** \_\_\_\_\_ **Email Address** \_\_\_\_\_  
 Street: \_\_\_\_\_ @  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Citizenship** \_\_\_\_\_ **Ethnic Origin**  
 Country of Citizenship: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_  
 Black or African American  
 Asian or Pacific Islander  
 American Indian or Alaska Native  
 Hispanic, Latino  
 White (Non-Hispanic)  Other

**PROGRAM 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>Associate Degree</b>	<input type="checkbox"/> Dental Lab Technology	<input type="checkbox"/> Culinary Arts	<input type="checkbox"/> Cosmetology			
	<input type="checkbox"/> Massage Therapy	<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				

**EDUCATION HISTORY**

- **Primary Language:**       English     Other: \_\_\_\_\_
- **I have taken the following examinations:**     TOEFL     CaMLA (Cambridge Michigan Language Assessments)
- **High school Information:**     High School (graduated or currently enrolled)     GED
- **High school, College and University Information** (List the most recent first)

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

**FAMILY INFORMATION (F2 VISA APPLICANTS)**

Name		Relationship	Date of Birth (mm/dd/yyyy)	Country of Birth (City, Country)	Gender
First Name	Last (Family) 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:

**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: \_\_\_\_\_