



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, that 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.

			PE	RSONAL	INFO	RMATIO	N		
Last (Family) Name		Fir	First Name		Middle Na	Middle Name			
Date	of Birth (m	m/dd/yyyy)	Soc	cial Security N	umber		Gender	Gender	
/ /							Female	☐ Male	
Current Mailing Address (if different than permanent address) Street			Email						
City Sta			State	ate Zip Code		Contact Number			
							(	)	-
Citiz	enship					Ethnic Origin			
□ U.S. Citizen □ Permanent Resident Alien A# Non-Resident Alien Visa Type: Country of Citizenship: , City Country			Country						
					1				
Program Start		☐ January ☐ July	☐ February ☐ August	☐ Mare		☐ April☐ October☐	☐ May ☐ Nov		☐ June☐ December☐ Decembe
	Language Training	□ESL	□ Online ES			☐ Morning	□ Ever		□ Weekend
P R	Certificate Courses	☐ Dental Lab T	echnology \(\sigma\) Co	osmetology	☐ Massag	ge Therapy	☐ Massage Ther	apy C.E.	
O G		☐ Culinary Arts ☐ Nurse Aide		0 11		☐ TESOL			
R A	Associate Degrees	☐ Dental Lab Technology ☐ Cosmetology		☐ Massage Therapy		☐ Culinary Arts		Arts	
M S		☐ Business Adı			☐ Teaching English for Early Childhood ☐ Technical and Business				
	Bachelor's Degree ☐ Business Administration & Management ☐		☐ Compu	☐ Computer Science & Information Technology					

EDUCATIONAL HISTORY						
Primary Language:	English	:				
I have taken the following example:	aminations:   SAT	□ ACT □ TOEFL □	CaMLA (Cambridge Michigan Lang	;uage Assessments)		
	High School (graduated) Home School GED	d or currently enrolled)				
Name of High School	pol	City, State / Country	Dates Attended (mm/yyyy - mm/yyyy)	Graduation Date		
	ADMI	SSIONS INFORMA	TION			
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 Guar	rd		
□ Ve	□ Veterans □ Spouse / Dependent					
Do you plan to apply for Veterans Education benefits or Tuition Assisitant?						
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:			

8300 Merrifield Avenue Fairfax, VA 22031 Tel. 703.206.0508 Fax. 703.206.0488 www.ccdc.edu

## I-20 REQUEST FORM

Name:			
Family N	fame	First Name	Middle Initial
Date of Birth:	//	_ (Month/Day/Year)	
Country of Birth	:		
Country of Citize	enship:		
E-mail Address:			
as well as changes in	• •	ons. That information will be ser	ou updated about special events and activitient out by e-mail. If you don't have an e-mai
Telephone Numb	er:		
Current Address	•		
•	ergency never happens, but can contact if necessary. The	• •	e provide the name and phone number of an tial and will only be used for an emergency.
in the Office State	Name		
	Telephone Number		
	Relationship		
Outside the U.S.:			
	Name		
	Telephone Number		
	Relationship		
		tudent Office at Columbia s request is true to the best	College issue an I-20 form. I certify of my knowledge.
Signature:		Date:	