



## EDUCATIONAL HISTORY

**Primary Language:**       English       Other: \_\_\_\_\_

**I have taken the following examinations:**     SAT     ACT     TOEFL     CaMLA

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



8620 Westwood Center Drive, Vienna, VA 22182 | Tel. 703.206.0508 | Fax. | 703.206.0488 | www.ccdc.edu

## I-20 REQUEST FORM

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

Family Name
First Name
Middle Initial

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Month / Day / Year)

**Country of Birth:** \_\_\_\_\_

**Country of Citizenship:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

Please check your e-mail regularly. The International Student Office will keep you updated about special events and activities as well as changes in U.S. government regulations. That information will be sent out by e-mail. If you don't have an e-mail address now, please let us know when you have an address.

**Telephone Number:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Emergency Contacts:**

We hope that an emergency never happens, but we need to be prepared. Please provide the name and phone number of an individual(s) who we can contact if necessary. This information will be confidential and will only be used for an emergency.

In the United States:

	Name	
	Telephone Number	
	Relationship	

Outside the U.S.:

	Name	
	Telephone Number	
	Relationship	

I am requesting that the International Student Office at Columbia College issue an I-20 form.  
 I certify that all the information included with this request is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_