020-007 Rev. 02/17

APPLICATION FOR ADMISSION

INTERNATIONAL STUDENT



OFFICE USE ONLY

Expected Entry Date School 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)	Gender	E-n	nail Address	
/ /	G Female	Male		
Permanent Address Street				
City	Province / Territory	Cou	intry	Zip Code
Current Mailing Address (if different tha Street	n permanent address)			
City	State	Zip Code	Phone Number	
			()	-
Citizenship		Ethnic Origin		
		□ African Am	nerican	
Country of Citizenship:		□ Asian or Pa	cific Islander	
		American I	ndian or Alaskan Native	
Place of Birth:,		□ Hispanic or	Latino	
Place of Birth:, City	Country			D Other
		□ White, Non	i-mispanic	□ Other

PROGRAM PLAN

	Program Start	2	February August	MarchSeptemb	April Octobe	□ Ma r □ No	ay ovember	JuneDecember
	Language Training	□ ESL	TOEFL					
P R O G	Certificate Courses	 Dental Lab Technolo Culinary Arts 	ogy Cosmetol	25	Massage Therapy Computer Basic	☐ Massage Th □ TESOL	erapy C.E.	
R A M S	Associate Degrees	 Dental Lab Technolo Business Administra 	05	05	Massage Therapy Feaching English for	Early Childhood	Culinary ATechnical	Arts and Business English
	Bachelor's Degree	Business Administration & Management		nt 🗖 (Computer Science & Information Technology			

EDUCATIONAL HISTORY

Primary Language:	English	\Box Other:

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

High school Information: \Box 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

Nar	ne	Relationship	Date of Birth	Country of Birth	Gender
Last (Family) Name	First Name	relationship	(mm/dd/yyyy)	(City, Country)	Gender
			/ /	,	Gemale Gemale
			/ /	,	Germale Germale
			/ /	,	Germale Germale
			/ /	,	Germale Germale

This application mus	t be completed, signed, and	d submitted to the Ad	nissions Office.	
2		1	to the best of my knowledge. result in dismissal from the co	llege.



8620Westwood 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 Citizen	ship:		
E-mail Address:			
as well as changes in U	.S. government regula	ational Student Office will keep y tions. That information will be se se let us know when you have an a	
Telephone Number	•		
Current Address: _			
Emergency Contac	ets:		
			e provide the name and phone number of dential and will only be used for an emergend
In the United States:	Name		

tates:	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.

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