

APPLICATION FOR ADMISSION



OFFICE USE ONLY

Expected Entry Date	Admission Rep. Initial
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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 Security Number** - - **Gender**
 Female Male

Current Mailing Address
Street **Email**

City **State** **Zip Code** **Contact Number** () -

Citizenship

U.S. Citizen Permanent Resident Alien A#

Non-Resident Alien Visa Type:

Country of Citizenship:

Place of Birth: ,
City Country

Ethnic Origin

Black or African American

Asian or Pacific Islander

American Indian or Alaska Native

Hispanic/Latino

White, Non-Hispanic Other

ENROLLMENT PLAN

Program Start	<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		
P R O G R A M S	Language Training	<input type="checkbox"/> ESL	<input type="checkbox"/> Online ESL	<input type="checkbox"/> TOEFL	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Weekend
	Certificate Courses	<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Culinary Arts	<input type="checkbox"/> Dental Lab Technology	<input type="checkbox"/> Massage Therapy			
	Associate Degrees	<input type="checkbox"/> Dental Lab Technology	<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Culinary Arts	<input type="checkbox"/> Business Administration			
	<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				

EDUCATIONAL HISTORY

Primary Language: English Other: _____

I have taken the following examinations: TOEFL ACCUPLACER IELTS CaMLA (Cambridge Michigan Language Assessments)

High school Information: High School (graduated or currently enrolled)
 Home School
 GED

Name of High School	City, State / Country	Dates Attended (mm/yyyy - mm/yyyy)	Graduation Date

ADMISSIONS INFORMATION

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 Guard
 Veterans Spouse /Dependent

Do you plan to apply for Veterans Education benefit? Yes No

If yes, please specify. Montgomery G.I. Bill (Ch.30) Vocational Rehabilitation (Ch.31)
 Post 9/11 G.I. Bill (Ch.33) Survivors and Dependents Education Assistance (DEA)(Ch.35)

Do you plan to apply for Tuition Assistance? Yes No

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: _____